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ABSTRACT

This planning guide defines the steps for creating an effective substance use prevention program for kindergarten through grade 12 (K-12). It is written for administrators, health educators, counselors, social workers, and any other professionals involved with planning and implementing school-based programs and services. Chapter 1 summarizes up-to-date research about alcohol, tobacco and other drug problems as well as factors influencing drug use among youth. It explains how this research can be used to plan and implement programs. Chapter 2 offers an overview of prevention, identification, and intervention strategies that can be used in school-based programs. A comprehensive model for making linkages in programs and services is described. Attention is given to the essential area of establishing partnerships among schools and community agencies. Chapter 3 provides a framework that uses a step-by-step planning approach with worksheets for assessing existing services and programs, identifying and prioritizing gaps, and developing program and evaluation activities. Throughout the guide, practical tools in the form of checklists assist readers in actually doing the planning. Visual aids such as figures and tables summarize and highlight key concepts facts and processes. More than half of the document is devoted to appended worksheets, the Youth Risk Behavior Survey, and a description of drug prevention curricula content areas. (LLL)

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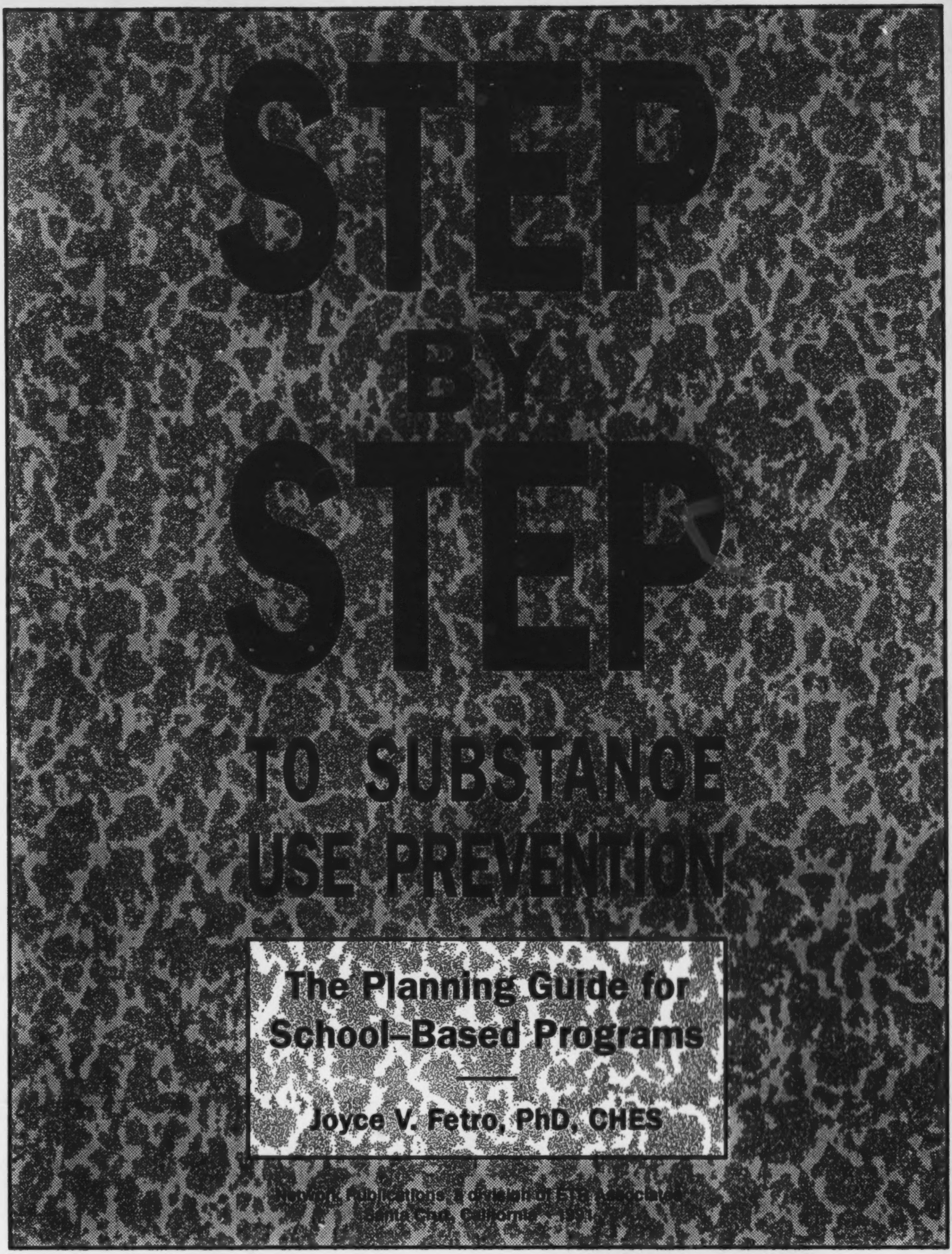

STEP BY STEP TO SUBSTANCE USE PREVENTION

The Planning Guide for School–Based Programs

Joyce V. Fetro, PhD, CHES

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Foreword

The decade of the 1990s begins with myriad legislative mandates and literally millions of dollars for implementation of programs directed at substance use prevention. Many educators, professional preparation institutions and agencies, however, need advice about the best ways to organize and begin or continue teaching about substances and addiction. Guidance from professional literature may seem inconsistent and confusing or may be unaccessible to administrators or staff. Additionally, theoretical discussions in the literature may not translate to applications in the highly varied settings in which such programs are conducted. The need for specific, practical help on program planning, training and evaluation of curricula and school-based prevention programs is evident.

By responding to these needs, *Step by Step to Substance Use Prevention: The Planning Guide for School-Based Programs* makes a major contribution to the field of substance use prevention in the school community. This planning guide is unique in its approach. The first chapter summarizes up-to-date research about alcohol, tobacco and other drug problems as well as factors influencing drug use among youth. How this research can be used to plan and implement programs is explained. Chapter 2 offers an overview of prevention, identification and intervention strategies that can be used in school-based programs. A comprehensive model for making linkages in programs and services is described. Attention is given to the essential area of establishing partnerships among schools and community agencies. The last chapter provides a framework that uses a step-by-step planning approach with worksheets for assessing existing services and programs, identifying and prioritizing gaps and developing program and evaluation activities.

The "user friendly" nature of this guide may be its strongest asset. Practical tools in the form of checklists assist readers in actually doing the planning. Each section is completely referenced so that readers can locate research and other relevant literature. Visual aids such as figures and tables summarize and highlight key concepts, facts and processes.

This thorough and unique guide is the product of Dr. Fetro's extensive and diverse career. *Step by Step's* blend of academic and applicable aspects reflects her experiences as a middle school teacher for 13 years and instructor for two years in a college of education at a large university. She was a teacher trainer, consultant to major school districts and director of several curriculum development projects. Currently she is the Health Education Curriculum Specialist responsible for planning and implementing substance use prevention programs for the San Francisco Unified School District.

As substance use prevention programs proliferate throughout school communities, this guide will become an essential addition to personal and professional libraries. Readers will find a versatile, well-organized and comprehensive resource. Its step-by-step approach incorporates strategies that enhance the likelihood of successful, effective school-based programs.

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Preface

In September 1990, the Office of Disease Prevention and Health Promotion released ***Healthy People 2000: The National Health Promotion and Disease Prevention Objectives.*** Of the 125 health promotion/disease prevention objectives, 17 (13.6%) focused on decreasing substance use among young people or changing adolescent perceptions about substance use.

The Federal Drug-Free Schools and Communities Act continues to provide funding for local school-based efforts. Many states provide additional monies to schools for substance use prevention. As a result, most school districts are faced with making numerous decisions about how to best utilize available funding and existing resources to decrease adolescent substance use.

There are no simple solutions to the problem of adolescent substance use. Reviewing the literature over the last thirty years would reveal an incredible number of substance use prevention curricula and school-based programs that have attempted to prevent, delay, decrease or discontinue use of substances among young people.

Some focused primarily on providing information. Some hoped to change attitudes and values. Some purported to change behaviors.

Some were presented to small groups of students. Some were adopted by large numbers of school districts. Some were presented by classroom teachers with very little preparation or training. Some were presented by substance use prevention experts. Some were extensively evaluated. Some lacked evaluation components.

Some seemed to work—at least for a short time. Some didn't have any effect on adolescent substance use. And some may have worked—but we'll never know.

Through these programs, much has been learned about key elements of prevention programs. One fact, however, remains clear. Fragmented efforts don't seem to have any long-term effects on substance use.

The problem of adolescent substance use must be addressed at all levels—from non-use to heavy use. It must be addressed in all social settings—

the school, the home, the community and the peer group. It must include multiple strategies—curriculum, peer helping programs, parent involvement, staff health promotion, student and parent support groups, drug treatment programs and many more.

The concept of a multi-faceted, multi-leveled program is not new. The prevention, identification and intervention strategies described herein are not new. My purpose in writing *Step by Step* was two-fold: (1) to provide a synthesis of substance use prevention programs/services that can be implemented in school communities, and (2) to assist program planners in making decisions about which programs/services are most appropriate for their school community.

Step by Step is written for administrators, health educators, counselors, social workers and any other professionals involved with planning and implementing school-based programs/services. The worksheets are intended to guide program planners through a process of: (1) identifying what is required by federal and state legislation; (2) assessing programs/services in place; (3) selecting additional programs/services to be implemented; and (4) developing an implementation plan, including goals and objectives, and program, training and evaluation activities. My hope is that this planner's guide is useful and practical.

As with most books, the final product is a culmination of formal and informal discussions with a number of individuals. At this time, I would like to acknowledge the assistance of two groups of people who contributed either directly or indirectly to the writing of this book. I would like to thank ETR Associates, particularly the Editorial Department, for their continued support—from the initial idea to the final draft. Their combined expertise made my job as author less difficult and more enjoyable. Of equal importance are my colleagues and friends who reviewed various sections of the planner's guide and provided input and encouragement throughout the project.

—Joyce V. Fetro

INFORMATION: THE CORNERSTONE OF THE PLANNING PROCESS

To develop and implement substance use programs and services, planners need an accurate picture of the current use patterns of school-age children and the factors that could increase or decrease a young person's risk. You must also know how to integrate this information into a comprehensive plan for your school community.

You need answers to these questions:

- How often do young people use different substances?
- When do they first use tobacco, alcohol and other drugs?
- What are their perceptions about the harmfulness and availability of different substances?
- What are their perceptions about the frequency of substance use by their friends?
- What are their attitudes about substance use?
- What factors influence substance use among young people?

Information Serves Several Purposes

Baseline data can help you elicit support from decision makers, parents and community members for implementation of programs and services. National data can be compared with state and local data to determine area-specific needs.

Information about current patterns and trends can provide direction for developing new program components (e.g., which substances to emphasize at which grade level) or for improving the quality of ongoing programs (e.g., which personal and social skills to incorporate in existing curriculum).

Monitoring the prevalence of substance use in the school community can help you determine effectiveness of programs and services.

Statistics can increase public awareness about substance use among adolescents. This information can facilitate community-wide efforts to support school-based programs in your area.

Knowing substance use patterns and trends among adolescents can give direction for federal policy and funding. For example, survey data about the frequency of tobacco, alcohol and other drug use provides a baseline comparison for achievement of the National Health Promotion and Disease Prevention Objectives for the Year 2000 established by the U.S. Department of Health and Human Services.

Substance Use Among Adolescents

Since 1975, the National Institute of Drug Abuse has sponsored *Monitoring the Youth Survey: A Study of the Lifestyles and Values of Youth* (Johnston, O'Malley and Bachman, 1989).

This in-school survey of a nationally representative sample of over 16,000 high school seniors measures the prevalence and trends of substance use as well as a number of factors which may help explain changes in the frequency of substance use.

The National Adolescent Student Health Survey: A Report on the Health of America's Youth (American School Health Association, Association for the Advancement of Health Education and Society for Public Health Education, 1989), examined adolescents' knowledge, attitudes and behaviors in eight critical health areas, including tobacco, alcohol and other drug use. More than 12,000 eighth and tenth grade students responded to items about substance use selected from the *Monitoring the Youth Survey.*

The major findings of these surveys, including comparisons across eighth, tenth and twelfth grades, are outlined below.

Prevalence of Substance Use

Despite continued downward trends in reported use of *all* substances by high school seniors in the United States, the level of involvement with illicit substances remains higher than that of any other industrialized nation (Johnston, O'Malley and Bachman, 1989). Table 1 presents the prevalence and frequency of substance use among high school seniors from 1975 to 1988.

The most recent findings of the *Monitoring the*

Table 1

Prevalence and Frequency of Use of Selected Substances Among High School Seniors (Percentages)

	1975	1980	1985	1988
Ever Used				
Tobacco	73.6	71.0	68.8	66.4
Alcohol	90.4	93.2	92.2	92.0
Marijuana	47.3	60.3	54.2	47.2
Cocaine	9.0	15.7	17.3	12.1
Inhalants	N.A.*	17.3	18.1	17.5
Hallucinogens	16.3	13.3	10.3	8.9
Stimulants	22.3	26.4	26.2	19.8
Sedatives	18.2	14.9	11.8	7.8
Used in the Last Year				
Tobacco	N.A.	N.A.	N.A.	N.A.
Alcohol	84.8	87.9	85.6	85.3
Marijuana	40.0	48.8	40.6	33.1
Cocaine	5.6	12.3	13.1	7.9
Inhalants	N.A.	7.9	7.5	7.1
Hallucinogens	11.2	9.3	6.3	5.5
Stimulants	16.2	20.8	15.8	10.9
Sedatives	11.7	10.3	5.8	3.7
Used in the Last Month				
Tobacco	36.7	30.5	30.1	28.7
Alcohol	68.2	72.0	65.9	63.9
Marijuana	27.1	33.7	25.7	18.0
Cocaine	1.9	5.2	6.7	3.4
Inhalants	N.A.	2.7	3.0	3.0
Hallucinogens	4.7	3.7	2.5	2.2
Stimulants	8.5	12.1	6.8	4.6
Sedatives	5.4	4.8	2.4	1.4
Used Daily				
Tobacco	26.9	21.3	19.3	18.1
Alcohol	5.7	6.0	5.0	4.2
Marijuana	6.0	9.1	4.9	2.7
Cocaine	0.1	0.2	0.4	0.2
Inhalants	N.A.	0.2	0.4	0.3
Hallucinogens	0.1	0.1	0.1	0.0
Stimulants	0.5	0.7	0.4	0.3
Sedatives	0.3	0.2	0.1	0.1

Terms: Ever Used: Used one or more times.
Used in Last Year: Used in the 12 months prior to survey.
Used in Last Month: Used at least once in the 30 days prior to survey.
Used Daily: Used 20 or more times in the month before survey.

*N.A. = Data not available

Source: Johnston, O'Malley and Bachman (1989).

Table 2

Prevalence and Frequency of Use of Selected Substances by 8th, 10th and 12th Grade Students in 1988 (Percentages)

	8th Grade	10th Grade	12th Grade
Ever Used			
Tobacco	N.A.	N.A.	66.4
Alcohol	77.4	88.8	92.0
Marijuana	14.5	35.1	47.2
Cocaine	3.6	7.7	12.1
Inhalants	20.6	20.6	17.5
Used in the Last Year			
Tobacco	N.A.	N.A.	N.A.
Alcohol	59.8	78.6	85.3
Marijuana	9.5	26.1	33.1
Cocaine	2.6	5.6	7.9
Inhalants	9.9	9.5	7.1
Used in the Last Month			
Tobacco	16.1	26.4	28.7
Alcohol	31.5	51.8	63.9
Marijuana	5.4	14.9	18.0
Cocaine	1.6	2.7	3.4
Inhalants	6.2	4.5	3.0

Terms:
Ever Used: Used one or more times.
Used in Last Year: Used in the 12 months prior to survey.
Used in Last Month: Used at least once in the 30 days prior to survey.

N.A. = Data not available

Source: ASHA, AAHE, SOPHE (1989); Johnston, O'Malley and Bachman (1989).

Youth Survey show that substance use among high school seniors remains extremely high.

- 92% of high school seniors have tried *alcohol* before finishing high school.
- Almost two-thirds (64%) drink *alcohol* on a regular basis.
- More than one-third (35%) have had five or more drinks in a row in the previous two weeks.
- More than half (54%) have tried an illicit substance; 47% have tried ***marijuana***; 33% have tried some ***illicit substance other than marijuana***.

- Some two-thirds (66%) report having tried *cigarettes*; nearly one-third (29%) had smoked in the last month.

In general, higher proportions of boys than girls use illicit substances. High school seniors who are "college bound" have lower rates of substance use than those with no plans to attend college.

Table 3

Grade of Initial Use of Gateway Drugs for 8th, 10th and 12th Grade Students in 1988 (Percentages)

	8th Grade	10th Grade	12th Grade
Smoked First Cigarette			
Grade 4 or below	12.8	9.7	N.A.
5 - 6	24.1	16.0	19.4
7 - 8	13.9	25.1	19.5
9	0.0	8.8	11.7
10	0.0	3.3	7.3
11	N.A.	N.A.	5.8
12	N.A.	N.A.	2.6
Never used	49.2	37.0	33.6
Tried Alcohol			
Grade 4 or below	14.0	8.2	N.A.
5 - 6	26.8	14.4	8.6
7 - 8	32.5	39.0	21.9
9	0.0	22.0	25.7
10	0.0	4.5	18.2
11	N.A.	N.A.	12.0
12	N.A.	N.A.	5.6
Never used	26.7	11.9	8.0
Tried Marijuana			
Grade 4 or below	1.7	1.2	N.A.
5 - 6	4.3	4.1	2.3
7 - 8	7.6	14.9	8.8
9	0.0	10.6	13.2
10	0.0	4.4	10.1
11	N.A.	N.A.	8.5
12	N.A.	N.A.	4.3
Never used	86.4	64.8	52.8

N.A. = Data not available

Source: ASHA, AAHE, SOPHE (1989); Johnston, O'Malley and Bachman (1989).

The highest rates of substance use among youth are in the western United States, followed by the northeast. Substance use is higher in metropolitan areas than in other areas of the country.

Results of the *National Adolescent Student Health Survey* of eighth and tenth graders show that:

- More than 57% had tried cigarettes by tenth grade.
- 83% had tried alcohol; 42% had used alcohol in the last month.
- 32% had consumed more than five drinks on one occasion in the last two weeks.
- 25% had tried marijuana; 10% had smoked marijuana in the last month.

Overall, the findings from both surveys show that students' use of all substances increases from eighth to tenth to twelfth grade, with the exception of inhalants. See Table 2 for a comparison of prevalence and frequency of use from eighth to twelfth grades.

First Substance Use

Information about when young people begin using substances is critical to the planning of school-based prevention programs.

Eighth, tenth and twelfth grade students were asked the grade at which they first tried specific substances. Combined findings (Table 3) show that:

- 37% of the eighth graders, 26% of the tenth graders, and 19% of the twelfth graders had smoked their first cigarette by the sixth grade.
- 41% of the eighth graders, 23% of the tenth graders, and 9% of the twelfth graders had tried alcohol by the sixth grade.
- 13% of the eighth graders, 20% of the tenth graders, and 11% of the twelfth graders had tried marijuana by the eighth grade.

In most cases, the grade level at which students begin experimenting with use of substances has continued to decrease.

Perceptions of Substance Use

Adolescents' perceptions and beliefs about substance use are closely associated with how often they use substances. Perceptions of how harmful substances are to adolescents, and how acceptable substance use is to adolescents and their peers can affect the frequency and level of substance use.

In addition, adolescents' perceptions about how many of their peers use substances are highly correlated with their own substance use.

Harmfulness

The substantial majority of high school seniors felt that regular use of any illicit substance (70-89% depending on the substance) entailed "great risk" of harm. Two-thirds felt that smoking cigarettes regularly placed the user at "great risk."

In contrast, relatively few (27%) associated much risk with having one or more alcoholic drinks on a daily basis.

Similar perceptions were reported by eighth and tenth graders, although percentages of students who thought regular cigarette smoking and marijuana use were harmful were lower.

Overall, perceived harmfulness of all substances decreased from eighth to tenth grades, with the exception of cigarettes.

Availability

Generally, the most widely used substances were reported to be the easiest to obtain by the highest proportion of students in all three grade levels.

High school seniors reported that marijuana was the most available of the illicit substances (85% felt it would be "very easy" or "fairly easy" to obtain).

In the eighth and tenth grade sample, 86% felt it would be "very easy" or "fairly easy" to obtain cigarettes; 84% to obtain alcohol; and 57% to obtain marijuana.

Approval/Disapproval

Adolescents' personal disapproval of substance use and their perception of friends' disapproval parallels actual use.

More than 89% of high school seniors disapproved of regular use of any illicit substance. Smoking cigarettes regularly was not acceptable to 73%.

Interestingly, 75% disapproved of daily drinking of two or more alcoholic beverages, while only 65% disapproved of binge drinking (five or more drinks once or twice each weekend).

When asked about their friends' attitudes toward selected substances, 86% of high school seniors felt their friends would disapprove if they smoked marijuana regularly. Also, 76% felt their friends would disapprove of regular cigarette smoking. Finally, 75% felt drinking one or more alcoholic beverages daily was not acceptable by their friends. Fewer (54%) felt peer disapproval for heavy weekend drinking.

Perceptions of friends' disapproval of use were similar in eighth and tenth grades.

Peer Norms

Since adolescents' substance use is directly related to substance use by their peers, students in both surveys were asked to estimate substance use by their friends. At all grade levels, adolescents overestimated the percentage of students who had used various substances.

The difference between estimated and actual use varied by substance. The greatest differences were for marijuana and cocaine. Minimal differences were found for alcohol use due to the large proportions of students who had already used alcohol (85% of the eighth and tenth graders and 92% of the twelfth graders).

Why Adolescents May or May Not Use Substances

Numerous studies identify factors that place adolescents at risk for substance use and factors that could decrease risk.

The assumption is that indicators can identify adolescents at highest risk, and that appropriate school-based programs and services can prevent or delay substance use.

These indicators are also useful when working with adolescents who are already using substances. In this case, school personnel can identify factors that can be modified.

Then, programs and services aimed at reducing adolescents' risk can be developed, thereby decreasing or discontinuing substance use.

Figure 1

Factors that Increase the Risk of Substance Use

Individual Factors

Antisocial behavior and hyperactivity
Alienation and rebelliousness
Positive attitudes toward substance use
Early first use of substances
Other high-risk behaviors

School Factors

School management problems
Poor school performance
Availability of substances
Lack of commitment to school
Lack of school involvement

Peer Factors

Peer use of substances
Positive peer attitudes toward substance use
Greater reliance on peers than family
Lack of positive peer involvement

Family Factors

Family history of alcoholism
Family management problems
Low/unrealistic parental expectations
Lack of family involvement
Positive family attitudes toward substance use
Use of substances by family members
Antisocial behavior of family members

Community Factors

Lack of community involvement
Availability of substances
Community norms favorable to substance use
Lack of relationships with significant adults in the community
Lack of employment opportunities

Risk Factors

Risk factors for substance use should be interpreted the same way as risk factors for heart or lung disease or any other physiological disorder. That is, the greater the number of risk factors present, the greater the probability of substance use.

Remember that risk factors are *not* causal factors. An adolescent who has one or more risk factors will not necessarily become a substance user, although the chances are greater.

Over the past twenty years, researchers have identified a wide range of factors associated with substance use among adolescents.

Demographic variables (i.e., age, gender, ethnicity, socioeconomic status, geographic region, population density) are related to prevalence of substance use. However, age and gender are the only demographic variables that appear to predict substance use.

Risk factors for substance use can be grouped into five categories: individual, family, school, peer group and community (see Figure 1).

Individual Factors

Individual factors include attitudes, beliefs and personality traits. An adolescent's attitudes toward substance use (approval versus disapproval) and his/her early experimentation with substances may lead to more extensive involvement in later adolescence.

In addition, early antisocial behavior, hyperactivity, alienation and rebelliousness are directly related to adolescent substance use.

In general, however, individual factors have been shown to be less predictive than social environmental factors (i.e., family, school, peer group and community).

Family Factors

Several family factors have been associated with adolescent substance use, including: family management problems (e.g., poorly defined rules, inconsistent or excessive discipline, poor communication), low or unrealistic expectations from parents, and lack of involvement in family activities.

These factors, combined with positive family attitudes toward substance use and a family history of alcoholism, provide unclear family guidelines for acceptable and unacceptable behavior.

School Factors

Poor school performance is a common antecedent of substance use. Whether a result of a learning disability, boredom, lack of commitment or lack of involvement, an adolescent who is failing academically is at greater risk of beginning to use substances and subsequent heavy substance use.

Like family management problems, school management problems (e.g., poorly defined policies about substance use, inconsistent discipline) and availability of substances on school campuses can give inconsistent messages about acceptable behavior.

Peer Group Factors

One of the most powerful influences on adolescent behavior patterns is association with their peers. Peer use of substances and positive attitudes toward substance use are two of the strongest risk factors for adolescent substance use.

Community Factors

Community norms or values favorable to substance use and availability of substances in the community can reinforce adolescents' positive attitudes toward substance use. In addition, community factors such as limited opportunities for involvement, employment and success can influence levels of substance use among adolescents.

(For more information about risk factors, see: Battjes and Jones, 1987; Baumrind, 1987; Capuzzi and Lecoq, 1983; Hawkins, Lishner and Catalano, 1987; Hundleby and Mercer, 1987; Jessor, 1987; Kandel, 1982; Murray and Perry, 1987; Newcomb, Maddahian and Bentler, 1986; Pollich, Ellickson, Reuter and Kahan, 1984.)

Protective Factors

The greater the number of risk factors, the greater the probability that adolescents will use substances. Just as with other health disorders, risk factors for substance use, once identified, can be modified or eliminated.

Related to this fact, additional research studies identify protective factors—strategies to modify or decrease the number of risk factors for substance use.

For school-based programs, the social development model provides a framework for strengthening protective factors for substance use (Hawkins, Jensen and Catalano, 1988; Hawkins, Lishner and Catalano, 1987; Hawkins and Weis, 1985). In this model, positive social bonding is identified as a critical protective factor for substance use. Strong social bonds consist of three elements: a sense of attachment, a sense of commitment, and a set of values about what is right and wrong.

Closer examination of the risk factors (Figure 1) reveals a lack of social bonding in each social setting. Alienation, antisocial behavior, rebelliousness, lack of involvement with family, lack of involvement and commitment to school, lack of positive peer involvement and lack of involvement in the community have all been identified as risk factors for substance use (see Figure 2).

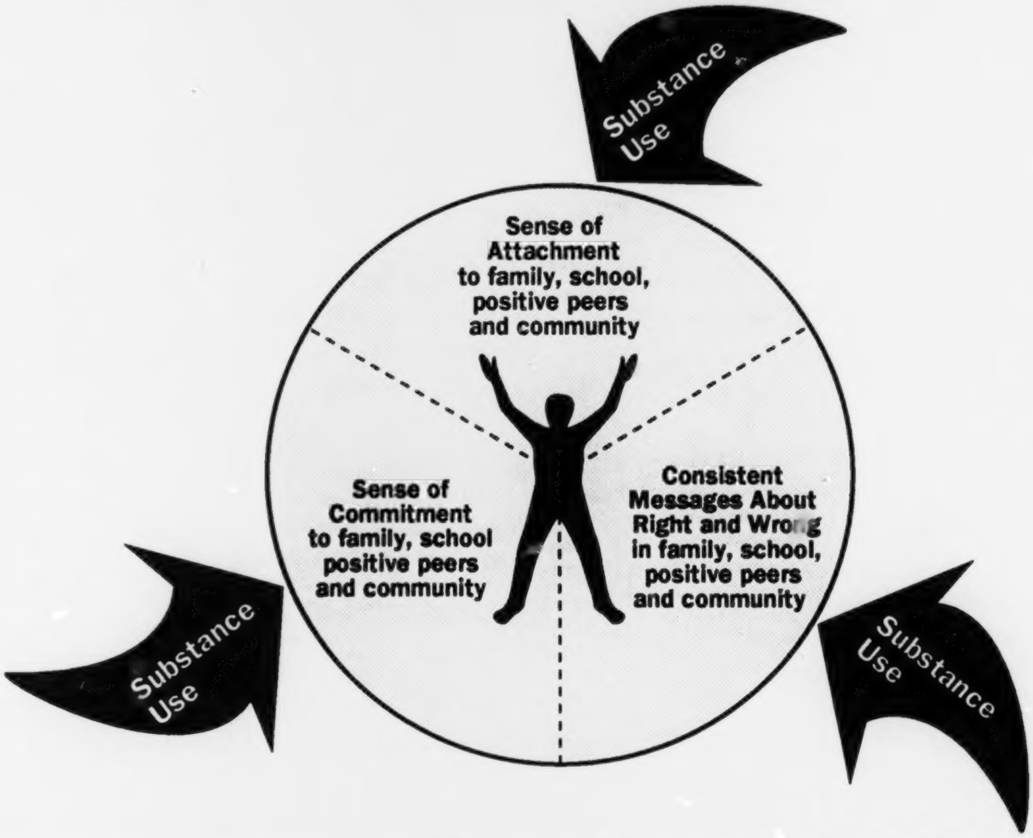
The stronger the social bonds in the family and school, the more likely the adolescent will form social bonds with positive peer groups, and the less likely that he or she will use substances.

To strengthen social bonding, three conditions are essential. First, adolescents must have opportunities to actively participate in the family, school, positive peer groups and community. Second, adolescents must be taught the social, cognitive and behavioral skills necessary to perform successfully in all social settings. And finally, the family, school, peer group and community must provide consistent reinforcement, recognition and rewards for new skills and behaviors.

Figure 2

Protective Factors for Substance Use

Positive Bonding in All Social Settings


Substance Use
Sense of Attachment to family, school, positive peers and community
Sense of Commitment to family, school positive peers and community
Consistent Messages About Right and Wrong in family, school, positive peers and community
Substance Use
Substance Use

Using Information to Plan Your Program

Using national surveys and other research results during the planning process can strengthen the effectiveness of your program.

For example, considering prevalences and frequencies of use of various substances can help in planning curriculum content. Substances that are used most often should be discussed at greater length and in more depth. Since frequencies of alcohol use continue to be high, strong emphasis will need to be placed on reducing alcohol use.

Survey data show that grade levels of initial substance use, particularly for the gateway drugs, continue to decrease. Therefore, prevention programs must be implemented at lower grade levels.

Moreover, substance use increases at certain grade levels. Early identification and intervention programs should be implemented at these grade levels.

Data show that adolescents' perceptions of the harmfulness of substances are associated with their perceptions of peer disapproval; their perceptions of peer disapproval are associated with lower levels of use. As a result, school-based programs should reinforce these negative attitudes toward substance use.

Including information about the short- and long-term physiological, psychological, social and legal consequences of substances use will strengthen any prevention program.

In all cases, adolescents' perceptions of peer substance use were higher than actual use. Prevention programs should include activities to correct misconceptions of peer norms.

Research studies show that a number of factors increase the risk of substance use among adolescents. To prevent or delay substance use, schools can use these indicators to identify adolescents at highest risk. The earlier the identification, the greater the likelihood that programs and services will be effective.

According to the social development model, social bonding to family, school, positive peer groups and community are critical to substance use prevention.

Thus, program planners can use this information to develop and implement strategies that increase opportunities for youth to be involved in all social settings, provide them with the skills to take advantage of the opportunities and reward their successes.

Programs should provide parents with effective family management and communication skills. If feasible, family intervention services can be provided to resolve family-based conflict or problems.

Peer helper programs provide opportunities for students to work with other students in a variety of roles. They establish supportive networks to empower young people to take responsibility for each other.

Schools must work with community-based organizations and the private sector to provide adolescents with opportunities for recreation and employment.

Substance use prevention education programs must be skills-based, providing young people with personal and social skills to effectively use the opportunities available in their social systems.

Finally, adolescents must be provided with a clear sense of what is right and wrong, what is acceptable and unacceptable in the school, family and community. Consistent messages about substance use across all settings are critical to substance use prevention.

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A MODEL FOR PREVENTION, IDENTIFICATION AND INTERVENTION

Tobacco, alcohol and drug use are behavioral problems influenced by many social systems (California State Department of Education, 1990). Within these systems—school, community, family and peer group—a variety of risk factors can increase the likelihood of substance use.

Programs to prevent, delay, decrease or discontinue use must include strategies that will alter or eliminate these risk factors and strengthen protective factors within the school, community, family and peer group. (Refer to Figures 1 and 2 in Chapter 1.)

This chapter provides a model for impacting the systems that influence substance use among youth. Specific strategies for prevention, identification and intervention, including key components and steps for implementation, are presented.

To be effective, a comprehensive approach that integrates prevention, identification and intervention programs and services must be in place, and partnerships among schools and community agencies must be established.

Partnerships Between School and Community

Schools cannot assume sole responsibility for the substance use problem. Schools are only one of the social systems influencing tobacco, alcohol and other drug use among youth. In addition, the primary role of schools is educational and, in many cases, qualified staff and resources are not sufficient to implement identification, referral and intervention strategies in the school.

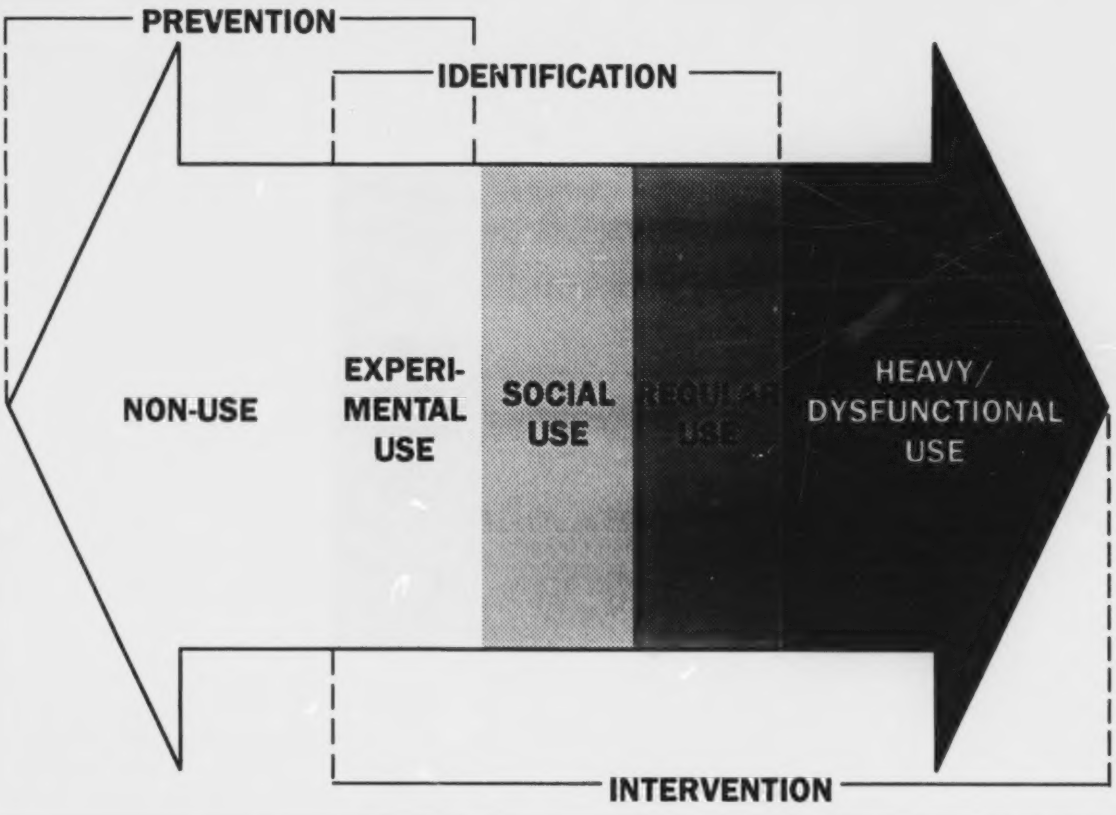
Since many programs, resources and services are available in the community, partnerships/linkages among schools, community-based organizations, law enforcement agencies and health care providers must be established. Thus, if specific programs aren't available in the school, students can be referred to appropriate community-based organizations. This collaborative process will assure that students at *all* levels receive the assistance they need.

One way to formalize school/community partnerships is for school districts to establish a Prevention Planning Council comprised of a cross-section of school and community stakeholders. (See *Steps for Establishing a Prevention Planning Council* in Chapter 3.) The school district would then assume a leadership role in coordinating existing school and community efforts to prevent substance use among children and youth.

School/community collaboration can maximize available resources, eliminate duplication of efforts,

Figure 3

A Continuum of Substance Use and Prevention–Identification–Intervention Strategies


PREVENTION
IDENTIFICATION
NON-USE
EXPERI-MENTAL USE
SOCIAL USE
REGULAR USE
HEAVY/ DYSFUNCTIONAL USE
INTERVENTION

integrate related programs and services, and establish a community-wide management/monitoring system for preventing substance use among youth (California State Department of Education, 1990).

Also, partnerships provide consistent messages about substance use and how children and youth are expected to behave in the school, home and community. Finally, partnerships create a school/community environment in which substance use is neither desirable nor tolerable.

Overview of the Model

Since the problem of substance use is complex, the approach to establishing and maintaining drug-free school communities must be multi-leveled and multi-faceted. Students' needs vary not only by their age and developmental level but also by their level of risk and level of use.

As a result, programs to address needs of students with minimal risk should differ from those for high risk students. Similarly, programs designed to identify and refer students who experiment with drugs should be different from those designed to counsel and treat students who use drugs on a regular basis.

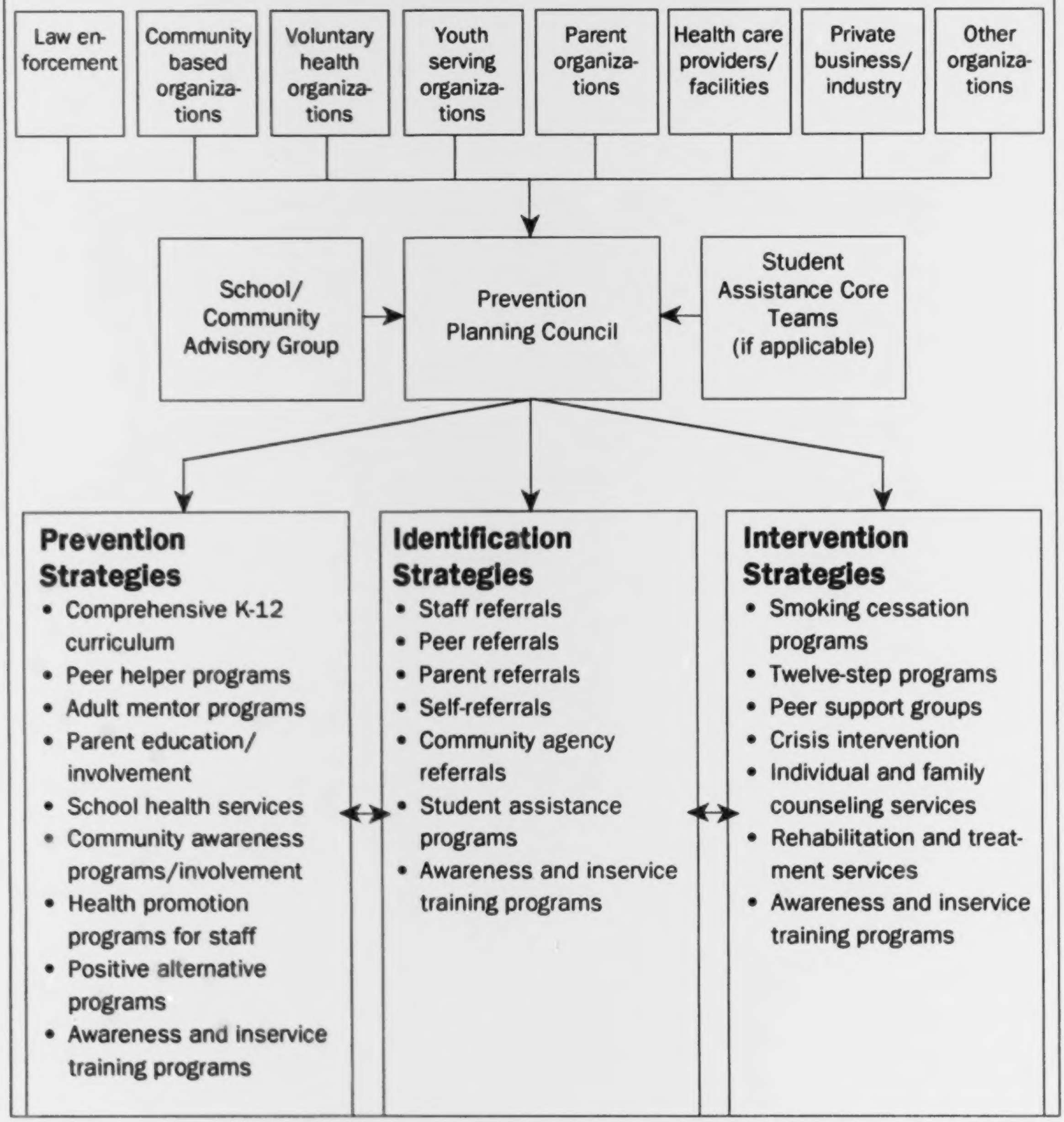
Students' use of tobacco, alcohol and other drugs can best be represented by a continuum from nonuse to heavy/dysfunctional use (see Figure 3).

To meet the needs of *all* students in the school community, a comprehensive program should include strategies to: (1) prevent or delay use (prevention), (2) identify and refer students at high risk or students who are using (identification), and (3) provide support for high-risk students and facilitate discontinuance of use (intervention).

The progression from nonuse to experimental use to heavy use of substances is not inevitable. A model that encompasses prevention, identification and intervention strategies can interrupt and reverse this progression so that students may live healthier lives (see Figure 4).

Figure 4

A Comprehensive Model to Prevent Substance Use in the School Community



Law enforcement
Community based organizations
Voluntary health organizations
Youth serving organizations
Parent organizations
Health care providers/ facilities
Private business/ industry
Other organizations
School/ Community Advisory Group
Prevention Planning Council
Student Assistance Core Teams (if applicable)

Prevention Strategies

- Comprehensive K-12 curriculum
- Peer helper programs
- Adult mentor programs
- Parent education/ involvement
- School health services
- Community awareness programs/involvement
- Health promotion programs for staff
- Positive alternative programs
- Awareness and inservice training programs

Identification Strategies

- Staff referrals
- Peer referrals
- Parent referrals
- Self-referrals
- Community agency referrals
- Student assistance programs
- Awareness and inservice training programs

Intervention Strategies

- Smoking cessation programs
- Twelve-step programs
- Peer support groups
- Crisis intervention
- Individual and family counseling services
- Rehabilitation and treatment services
- Awareness and inservice training programs

Prevention

Prevention strategies are aimed at preventing, delaying or decreasing the use of tobacco, alcohol and other drugs. They are designed to educate and protect all youth in a given age group *before* they begin experimenting with substances.

Traditionally, prevention programs have been school-based, have focused primarily on providing accurate information about the effects and consequences of substance use, and have been directed at the individual.

Recent research, however, has shown that prevention programs must: include broad-based parent and community involvement; present skill-building activities as well as information; and impact all social systems influencing the individual. (For more information see: Bell and Battjes, 1987; Glynn, Leukenfeld and Ludford, 1983; Jones and Battjes, 1987).

Prevention programs attempt to alter the individual by strengthening personal and social skills and alter the social systems by reducing risk factors, strengthening protective factors and promoting drug-free environments so that substance use will not begin. Comprehensive prevention programs increase awareness within the school, home and community and encourage identification and confrontation of substance use problems.

The most promising of these programs include a variety of strategies that target students, peer groups, the family and the community. Key strategies that can be included in school community prevention efforts are described below.

Comprehensive K-12 Curriculum

Classroom instruction provides the foundation for all other prevention strategies. Ideally, the substance use prevention curriculum should be integrated within a comprehensive health education program at all grade levels. Tobacco, alcohol and other drug use are not isolated behaviors. They are closely related to other health-compromising behaviors, such as drinking and driving, early sexual activity, eating disorders and delinquency.

Including instruction about substance use in a comprehensive health education program allows the teacher to address all health-compromising behaviors by targeting risk factors in the school, home, community and peer group.

To foster healthy attitudes and behaviors about substance use, schools must develop (or adopt) and implement comprehensive curricula for students in all grade levels.

Comprehensive K-12 curricula include:

- a planned sequence of activities and materials, kindergarten through grade 12, based on students' social and cognitive developmental levels, identified needs and personal concerns;
- instruction to promote healthy lifestyles as well as to prevent substance use;

- activities to give students the knowledge, skills and values necessary to make decisions about behaviors related to substance use;
- opportunities for students to develop and demonstrate related knowledge, attitudes and skills;
- information about the physical, mental, emotional and social dimensions of health; and
- specific program goals and objectives, appropriate evaluation procedures and sufficient resources (National Professional School Health Education Organizations, 1984; Lohrman, Gold and Jubb, 1987).

National guidelines for instruction about substance use identify themes that should be present in curricula at all grade levels (U.S. Department of Education, 1988). These include developmentally appropriate knowledge and values students need to acquire as well as instructional methods for early childhood (grades K-3), upper-elementary school (grades 4-6), middle/junior high school (grades 7-9), and high school (grades 10-12). These guidelines are found in Appendix C.

A model curriculum with age-appropriate student objectives and learning activities for grades K-12 can be found in ***Curriculum for Building Drug-Free Schools*** (Hawley, Peterson and Mason, 1986).

Consult the health education curriculum guidelines in your state to ensure that substance use prevention curricula are consistent with state guidelines for the age and developmental level of your students.

Prevention Efforts Past and Present

Prevention efforts in the 1960s were based on the assumption that adolescents used tobacco, alcohol and other drugs because they weren't aware of the consequences. Classroom instruction focused on providing information about the physiological and psychological effects of these substances on the body. It often incorporated scare tactics to reveal the negative personal, social and legal consequences of use.

In the 1970s, programs used more affective methods and focused on eliminating interpersonal and intrapersonal factors thought to be associated with substance use. These programs included activities to enhance self-esteem, clarify values and strengthen decision-making skills.

The most recent prevention approaches focus on psychosocial factors promoting initiation of use. These programs enhance personal and social competency skills (e.g., refusal skills, communication skills, assertiveness skills, coping skills and critical thinking skills). They are based on the premise that adolescents need a variety of generic skills they can use in social situations in which they are confronted with decisions about using tobacco, alcohol or other drugs.

(For more information about prevention education programs, see Bell and Battjes, 1987; Botvin, 1986; Botvin and Wills, 1987; Glynn, 1989; Hawkins, Lishner and Catalano, 1987; Murray and Perry, 1987.)

Key Elements

Research on the effectiveness of prevention programs over the last 20 years has identified the following key elements as essential for program success.

Information

Your prevention education program should include information about: short-term social consequences, physiological and psychological effects of tobacco, alcohol and other drugs; internal and external influences on substance use; and correction of misperceptions of social norms related to substance use.

Activities to Enhance Self-Esteem

Self-esteem—a feeling of well-being and self-worth—can affect a student's ability to cope with internal/external pressures to use substances and his/her ability to make health promoting decisions. Your prevention program should include activities to enhance self-esteem.

More specifically, it should include: activities to make students aware of their own uniqueness and that of others; activities to increase their feelings of connectedness with school, family and peers; and activities to increase their sense of personal power.

Communication and Assertiveness Skills

Students need a broad range of skills to deal effectively with interpersonal relationships. They need to know how to initiate conversations, express thoughts and feelings, listen, agree or disagree, and give clear verbal and nonverbal messages.

These skills are essential for building self-efficacy—the ability to execute successfully the behaviors necessary to produce the desired outcome (Bandura, 1977). Students with increased self-esteem will come to believe they can refrain successfully from using tobacco, alcohol and other drugs.

Decision-Making Skills

Early instruction in how to make decisions can equip students with skills to help them solve problems that arise in social situations. The process of making a decision can be taught, applied to everyday situations, and presented in roleplay exercises related to substance use. Strong decision-making skills can increase students' sense of control, thus enhancing self-esteem and self-efficacy.

Refusal/Resistance Skills

Refusal/resistance skills are a critical component of prevention programs. Students must be taught how to clearly "say no" in a way that doesn't jeopardize peer relationships. They must also be taught how to avoid situations and delay actions until they are able to refuse.

Activities to teach these skills could include roleplaying and modeling resistance behaviors in real-life social situations. These activities are based on the assumption that students who understand the internal and external pressures to use substances can develop and rehearse arguments in advance. Subsequently, they will be able to effectively use refusal/resistance skills when making decisions about substance use.

Coping Skills

Many students use substances to help them deal with stressful situations in school, at home and with peers. Students can be made aware of these stressors and then provided with skills to cope with stressful situations (e.g., physical activity, self-monitoring, relaxation, alternative activities, hobbies, social support).

Goal-Setting Activities
Most adolescent decisions, including those to use substances, are based on their perceptions of the immediate, rather than the long-term consequences of those decisions. Students must be taught to realize the importance of looking ahead and considering future goals when making lifestyle decisions.

Goal-setting activities can help students identify short- and long-term goals, list the steps necessary to achieve their goals, and understand how using substances might affect those goals.

Use of Peer Helpers
Peer helpers in classroom presentations, roleplays and small group discussions can increase the effectiveness of your program. Student participation and roles can vary depending on the educational approach and the classroom teacher. (For more information, refer to the section on peer helper programs.)

Parent Involvement
Involving parents in program activities and homework assignments, particularly in lower grade levels, can increase students' interest in classroom activities, enhance communication between students and their parents, provide a vehicle for parents to discuss their ideas, opinions and values, and strengthen family bonds.

Parents involved in your program might: complete parent/student homework assignments, watch television programs about substance use, and participate in parent education workshops. (For more information, see the section on parent education and involvement.)

If your program does not include all these elements, you can strengthen it by developing and implementing the missing activities.

(For more information about components of school-based substance use prevention programs and available curricula incorporating these key elements, see *Schools and Drugs: A Guide to Drug and Alcohol Abuse Prevention Curricula and Programs* [Crime Prevention Center, 1987] and *What Works? A Guide to School-Based Alcohol and Drug Abuse Prevention Curricula* [Rogers, Howard-Pitney and Bruce, 1989].)

Peer Helper Programs

Peer helper programs can be an important part of your school-based prevention efforts. They provide opportunities for students who represent the ethnic, academic and economic diversity of the community to work with other students in a variety of roles.

Peer helper programs are based on the assumptions that adolescents: (1) rely on each other for accurate information about health-related issues and concerns, (2) have a strong influence on each other's decisions, (3) need to discuss feelings openly and honestly, and (4) need to have someone available to them whenever they have personal questions and concerns (Cook, Sola and Pfeiffer, 1989).

Thus, programs rely on existing supportive networks among adolescents. Their success in empowering students to be responsible for each other has led to additional positive effects on academic performance and health-related behaviors for both peer helpers and students who receive assistance (Klepp, Halper and Perry, 1986).

Involve students from all grade levels and ethnic groups in peer helper programs. Peer helper roles will vary from school to school depending on: the needs of the school, the goals and objectives of the program, the availability and expertise of existing staff, the amount of funding, and student interest.

Peer helpers can serve as peer educators, peer mentors, cross-age tutors and peer counselors.

Peer Educators

Using peers to present health-related information has proven to be an effective method for teaching resistance skills. Peer educators can be trained to teach students their age or younger about tobacco, alcohol and other drugs.

In addition to providing information about the effects and consequences of use, classroom presentations can include roleplays or skits which model different ways young people can resist pressure to use substances. Peer educators can also lead discussions about positive alternatives to using substances.

Peer Mentors

Students can serve as mentors to younger students who are having difficulty adjusting to a new school, making a transition from middle school or junior high school to high school, or dealing with their families and/or peers. Peer mentors can also be paired with students who are at high risk for dropping out of school.

These relationships can help dispel fears younger students may have as they become acclimated to a new school. Peer mentors can be role models for students who lack interpersonal and social skills and help them meet other students, make friends and participate in school activities.

Cross-Age Tutors

Older students who are skilled in one or more subject areas can be paired with younger students who are experiencing difficulty in those subject areas. The tutoring process can be short or long term depending on the students and the type of assistance needed.

Peer Counselors

Peer counselors can work with students not easily reached by adult professionals. They meet with students, individually or in small groups, to discuss personal concerns.

Their roles include listening to and being supportive of other students' issues and problems, modeling good communication and coping skills, and providing information and guidance, if necessary, about available resources and services. Peer counselors can also co-facilitate peer support groups.

Setting Up and Coordinating a Peer Helper Program

The peer helper program should be coordinated by a designated staff person. In addition to setting up the program and selecting and training peer helpers, the coordinator should conduct regular meetings with peer helpers to teach new skills, provide feedback, support and encouragement, plan future program activities, and review peer helper roles.

To develop and implement your program, consider the following important factors. (For more detailed information, see: Cook, Sola and Pfeiffer, 1989; Feigenbaum and McCarthy, 1989; Sachnoff, 1984; Tindall, 1989a; 1989b; 1989c.)

Obtain Program Support

Administrative, staff and student support is the first step in developing a peer helper program. The potential benefits (e.g., improved school climate, fewer discipline problems, an increase in students' self-esteem) should be presented to school administrators and staff.

Student support is critical. Make them aware of the program through classroom presentations, school media and word of mouth. The program description should include: its purpose, services provided, students involved, and procedures for contacting peer helpers.

Select Peer Helpers

After you establish your selection criteria, recruit potential peer helpers through staff, peer and self-referrals. Students should represent a cross-section of social groups, ethnic groups and grade levels. They should relate well with their peers and be dependable and accepting of others. They should also have strong leadership potential.

Train Peer Helpers

The most important factors in training your peer helpers are the quality, length and type of training provided. Decide on the content of your training using your program goals and objectives. For example, peer educator training should include didactic information about substance use and practice in using the skills that will be presented in classrooms.

Peer mentors and cross-age tutors should be trained in communication skills. Peer counselors should learn about verbal and nonverbal communication, values clarification, advice-giving vs. guidance, and available school/community resources. They should also receive practice in decision-making skills, problem solving and group process.

Peer helper trainings should be experiential with as many hands-on activities as possible. Ongoing training is essential to ensure mastery and integration of new skills.

Adult Mentor Programs

In schools, adult mentor programs link small groups of students with a specific faculty member for advisement. On a regular basis, students meet with this mentor either individually or in small groups to learn communication, life planning, organizational and leadership skills. In the community, students are linked with successful adults in a variety of fields to acquire on-the-job skills, confidence and a career focus.

The success of adult mentor programs rests with the relationship that develops between the adult mentor and the student. The mentor serves as a role model, acts as an advocate for the students with other adults in their lives, and monitors students' progress through each school day.

Because of the closeness of the relationship, mentors can play an important role in early identification of students who use substances. Adult mentors can also provide support and guidance to students with substance use problems or to students reentering schools after rehabilitation.

Parent Education and Involvement

Parents and guardians can be strong allies and supporters of school-based substance use prevention efforts. In fact, active involvement of parents can lead to stronger community support, additional program resources, and consistent messages about substance use. Parents can participate in the school-based prevention programs on several levels. (For more information, see Crowley, 1989; Hawley, Peterson and Mason, 1986; Muldoon and Crowley, 1986; National Institute on Alcohol Abuse and Alcoholism, 1984).

School Community Advisory Groups

A school community advisory group should include parents and guardians of elementary, middle and high school students. In this role, parents can provide input about the existing curriculum and other school-based programs and services, review print and audiovisual materials proposed for use in classrooms, and serve as a sounding board for parental concerns.

Parent Education Programs

Educating parents can greatly expand and enhance what is being taught in the classroom. Depending on parents' needs, concerns and interests, they can receive information about: the physiological and psychological effects of tobacco, alcohol and other drug use; the extent of substance use among youth; the risk factors and protective factors in the school, home, community and peer group; the signs and symptoms of substance use; and the available prevention, identification and intervention programs and services in the school community. (See Roberts, Fitzmahan and Associates, 1988; Wilmes, 1988).

Parent education programs can also build, improve or enhance parenting skills. Programs can improve family communication, strengthen family bonding, and increase family interaction, which may ultimately decrease substance use among youth.

Parent Support Groups

Establish support groups for parents having difficulty dealing with their children and for parents whose children are or have been involved with substances. Groups should meet regularly to discuss problem solving, setting limits and family management issues.

These groups can help parents cope with feelings of anxiety, frustration, responsibility, isolation and guilt, which are common among family members of alcohol and other drug users.

Family Interaction Programs

In these programs, entire families work together to examine and discuss issues related to substance use. In school, students receive information and skills related to preventing substance use. Subsequently, parents participate in a training program in which they learn to conduct prevention activities with their school-aged children. In this way, families learn to work together to confront issues and problems and share feelings, opinions and values related to substance use.

School Health Services

School health services should support existing prevention efforts by maintaining and improving the physical and mental well-being of students and staff. Most states require regular hearing and vision screenings and physical examinations of students who participate in athletic activities. These can provide opportunities for early identification of young people with drug-related problems.

Some schools have established comprehensive school-based clinics to meet the growing health-related needs of their students.

Through education and counseling, these clinics can: (1) increase students' knowledge of preventive health care, (2) improve their health-related decision-making skills, (3) reduce their risk-taking behaviors, and (4) increase their health-promoting behaviors (Kirby, 1985).

Because a variety of services are provided, comprehensive school-based clinics can meet the varying needs of students in relation to substance use prevention. (For more detailed information about school health services and school-based clinics, see: Dryfoos and Klerman, 1988; Kirby, 1985; Lovick, 1988; Millstein, 1988; Zanga and Oda, 1987).

Health Promotion Programs for Staff

Health promotion is a combination of educational, organizational and environmental activities designed to encourage school staff to adopt healthier lifestyles and become better consumers of health care services (Comprehensive Health Education Resource Center, 1989).

Evaluations by staff of health promotion programs have identified many benefits to the academic and total health environment of the school, including: more positive attitudes about personal health; increased energy levels leading to greater productivity and improved quality of instruction; and improved morale resulting in decreased absenteeism and burnout.

Moreover, healthy school staff serve as role models for students making decisions about health-related issues.

A model staff health promotion program should include three components: content, products/services, and processes. The program content will vary to meet the needs and interests of staff at each school but might include exercise, nutrition, weight control, stress management and substance use prevention education (Blair, Tritsch and Kutsch, 1987).

Products/services may include educational materials, health assessment and screening, community resources, policy changes and employee assistance programs.

Programs are most often presented through a three-phase implementation process: awareness, motivation and intervention. (For more detail, see Blair, Tritsch and Kutsch, 1987; Drolet and Davis, 1984; Falck and Kilcoyne, 1984; McKenzie, 1988; Rose-Colley, Eddy and Cinelli, 1989).

In nearly 30 states, five-day statewide wellness conferences are conducted during the summer for school teams comprised of administrators, faculty and other staff. Teams learn how to incorporate the concept of "wellness as a lifestyle" into their personal and professional lives.

The overall conference goal is to enhance individual, school and community health by providing skills and knowledge that can be used to initiate health promotion efforts in local school districts. (For more information about the wellness conference in your state, contact the National Network of State Conferences for School Worksite Wellness, Lansing, Michigan.)

Community Awareness and Involvement

Community involvement and support for school-based prevention efforts are important for three reasons. It ensures that school-based programs: (1) are relevant to youth in the school community, (2) effectively address the substance-related problems most prominent in the community, and (3) are maintained on a long-term basis (National Council on Crime and Delinquency, 1988). (For more detail, see: Crowley, 1989; Hawley, Peterson and Mason, 1986; Muldoon and Crowley, 1986; Office for Substance Abuse Prevention, 1989; Towers, 1987.)

Advisory and Planning Groups

Community representation on advisory and planning groups for school-based programs are necessary to elicit input and maintain support from all groups that influence the tobacco, alcohol and other drug-related behaviors of young people.

Minimally, school community advisory groups should include: parents, local government representatives, law enforcement representatives, medical professionals, and community-based organization representatives. Consider including individuals from community-based agencies and service groups that already provide substance use programs and services.

Awareness and Information Campaigns

Ask community-based and service organizations to sponsor awareness and information campaigns about the extent of the substance use problem and to generate support for existing programs and services in the school community. It is critical that community members have accurate, up-to-date information to reinforce healthy lifestyles and a non-use message.

Community awareness can be accomplished through print/broadcast media and presentations at community meetings, workshops and assemblies, and at special drug-free events. Events such as 10K runs for drug-free school communities, health fairs and poster contests are innovative methods for getting the message to community members.

Speaker Programs

Community-based organizations, law enforcement agencies, twelve-step programs, treatment and rehabilitation centers and numerous other community agencies can provide volunteers to speak with students in small or large groups. Topics will vary depending on the expertise of the speakers.

Adopt-A-School Programs

Adopt-a-school programs link businesses or other community-based agencies with specific middle schools or high schools. Employees can tutor students, serve as adult mentors, make classroom presentations, and conduct after-school programs. Some businesses provide financial support for the adopted school's programs and/or sponsor trips.

Positive Alternative Activities

Schools, community-based organizations and parents can work cooperatively to sponsor, promote and support positive alternative activities. The overall goal is to conduct activities that are commonly accompanied by alcohol and other drugs (e.g., school dances, concerts, and graduation) in drug-free environments. Community-based organizations can work with local businesses to establish these alcohol- and drug-free nights for students.

The goal is to increase the number and accessibility of after-school programs and extracurricular options, such as recreational programs, youth clubs, sports programs, prevention clubs, field trips and employment opportunities, so that young people can easily become involved with positive alternatives to substance use.

Awareness and Inservice Training

Offering a variety of general awareness and training programs on a regular basis can help ensure that your prevention efforts are implemented as planned.

Awareness

Present basic information about substances to school district governing board members. This overview might include: the extent of the substance use problem in your school community; the school district's policies, regulations and procedures for prevention, identification, intervention, enforcement and recovering student support; and existing school-based programs and services.

Conduct general substance use awareness programs for all staff. Include detailed information about: the physiological, psychological, social and legal consequences of substance use; the risk factors and protective factors related to substance use; your school district's policies, regulations and procedures related to tobacco, alcohol and other drug use; and your existing prevention education program.

Inservice Training

Provide inservice training for local law enforcement officers to enhance suppression activities to support a drug-free environment in the school community.

Include discussion about: law enforcement officers as role models; the physiological, psychological, social and legal consequences of tobacco, alcohol and other drug use; risk factors and protective factors related to substance use; and your school district's policies, regulations and procedures related to substance use.

Finally, provide indepth training to staff who are responsible for implementing your substance use prevention education program. This training should focus on the content and methods included in the prevention curriculum.

Identification

The key to stopping or modifying substance use is early detection. That is, before any intervention program can begin, the problem must be identified. The earlier the identification, the earlier the intervention.

The earlier the intervention, the greater the likelihood of success at the least cost, to both the student and the school community.

Identification strategies target youth perceived as being "at risk" or youth who are suspected or known to use tobacco, alcohol or other drugs. Minimally, these strategies should provide a way to recognize and refer students who need help.

More comprehensive strategies often provide preliminary assessments and early intervention strategies. Identification strategies that can be used in schools are described below.

Staff Referrals

School staff are in an excellent position to identify students who use substances. Staff see students daily and observe them in their classes. As a result, they can note any unexpected changes in students' attitudes, behaviors and performance.

Staff can refer students with a pattern of one or more behaviors of concern (see Figure 5) to the appropriate contact person in the school. A sample student referral form is found in Figure 6.

The success of staff referrals depends on the clarity of your school district governing board's policy and procedures related to suspected or witnessed substance use. To facilitate early identification, school staff should receive awareness training about how to recognize suspected substance use and what to do about it.

Figure 5

Behaviors of Concern: Warning Signs of Substance Use

School Related

- academic failure
- school performance change
- truancy or apathy
- withdrawal
- poor hygiene or changes in personal care
- peer group changes
- costume changes
- hyperactivity
- rebelliousness
- defensiveness
- erratic behavior
- signs of depression
- language changes
- time disorientation
- memory lapses
- poor coordination
- accident or injury prone

Home Related

- sudden resistance to normal discipline
- noticeable changes in family relationships
- noticeable changes in peer group membership and relationships
- ignoring curfew, responsibilities, house rules
- unusual temper displays, secrecy or mood swings
- increased borrowing
- disappearance of possessions
- unseen new friends

Source: National Training Associates. n.d. *Youth Empowering Systems*. Sebastopol, CA: Author.

Figure 6

Student Referral Form

Please give this completed form to your school contact person. (Note: Referral of students must be based upon behaviors that you have actually observed. Isolated behaviors are not grounds for referral. However, if a student exhibits several of the following behaviors or if there is a repeated pattern of behavior, a referral is appropriate.)

Student ____

Grade ____________________ Referral Date ____________________

Referred by ____

Please Check Relevant Items and Comment:

I. Academic Performance **Comments**

_____ Decline in quality of work
_____ Decline in grade earned
_____ Incomplete work
_____ Work not handed in
_____ Failing in this subject

II. Classroom Conduct **Comments**

_____ Disruptive in class
_____ Inattentiveness
_____ Lack of concentration
_____ Lack of motivation
_____ Sleeping in class
_____ Impaired memory
_____ Extreme negativism
_____ In-school absenteeism (skipping)
_____ Tardiness to class
_____ Defiance; breaking rules
_____ Frequently needs discipline
_____ Cheating
_____ Fighting
_____ Throwing objects
_____ Defiance of authority
_____ Verbally abusive
_____ Obscene language, gestures
_____ Sudden outbursts of temper
_____ Vandalism
_____ Frequent visits to nurse, counselor

Continued on next page

Figure 6—*continued*

_____ Frequent visits to lavatory
_____ Hyperactivity; nervousness

III. Other Behavior

Comments

_____ Erratic behavior day-to-day
_____ Change in friends and/or peer group
_____ Sudden, unexplained popularity
_____ Mood swings
_____ Seeks constant adult contact
_____ Seeks adult advice without a specific problem
_____ Time disorientation
_____ Apparent changes in personal values
_____ Depression; low affect
_____ Defensiveness
_____ Withdrawal; a loner; separateness from others
_____ Other students express concern about a possible problem
_____ Fantasizing; daydreaming
_____ Compulsive overachievement; preoccupation with school success
_____ Perfectionism
_____ Difficulty in accepting mistakes
_____ Rigid obedience
_____ Talks freely about drug use; bragging
_____ Associates with known drug users

IV. Possible Alcohol and Drug Related Behaviors

Witnessed	Suspected	
☐	☐	Selling; delivering
☐	☐	Possession of alcohol, drugs
☐	☐	Possession of drug paraphernalia
☐	☐	Use of alcohol, drugs
☐	☐	Intoxication
☐	☐	Physical signs, symptoms
☐	☐	Other ______________________

V. Have you taken any actions regarding this referral? (e.g., talked with student; contacted parents). Please elaborate.

Adapted from: Anderson, G.L. 1989. *When Chemicals Come to School: The Student Assistance Program Model.* Greenfield, WI: Community Recovery Press.

Peer Referrals

Oftentimes, students are concerned about a friend's use of alcohol and other drugs. Procedures for contacting the appropriate staff person and discussing students' concerns about their peers should be established. Referring students can be given guidance on how to talk to their friends about concerns and how to access available programs and services, if they are needed.

Self-Referrals

Some students will voluntarily seek help about their substance use. The number of self-referrals will increase as students become more aware of available programs and services, the personnel who are directing them, and the policies and procedures about self-disclosure.

Parent Referrals

Parents may contact the school for information and/or help dealing with their child's suspected substance use. The extent to which parents are aware of school programs and services and perceive them as credible will influence the frequency of parent referrals.

Community Agency Referrals

Depending on the student's problem and the availability of school-based programs and services, a community-based agency may make referrals to an appropriate contact person in the school. In these cases, the school and referring agency work cooperatively to meet the student's needs.

Student Assistance Programs

Problems with substance use can interfere with students' academic performance as well as their physical, emotional and social development. Moreover, the way in which these problems are handled can impact the healthy environment of the entire school community.

A consistent, systematic and professional response to substance use is essential and can be provided in individual schools through student assistance programs. Fully functioning student assistance programs create a climate of awareness, healthy attitudes and acceptable norms for tobacco, alcohol and other drug use.

Student assistance programs are modeled after employee assistance programs used by business and industry to identify and help employees whose work performance is negatively affected by either personal/family problems or substance use.

Student assistance programs are designed for:

- students perceived as being "at risk" for using substances;
- students suspected of or known to be using a substance; and
- students recovering from substance use.

(For more information, see Anderson, 1988, 1989; Griffin and Svendsen, 1986; National Institute on Alcohol Abuse and Alcoholism, 1984a, 1984b; National Training Associates, n.d.; Ogden and Germinario, 1988.)

The Student Assistance Core Team

At the individual school level, the student assistance core team is the key organizational unit. Minimally, your core team should include: the school principal or assistant principal, pupil services personnel (e.g., school counselors, social workers or psychologists), the school nurse, interested teachers, students and parents.

In the early stages, the core team helps design the student assistance program and formulate policies and procedures for identifying students and awareness/inservice training. Once the program is established, this group oversees the case management of individual students.

Depending on their expertise and interest, members of the student assistance core team take on various roles. These might include program coordinator, program counselor, program contact person, group facilitator or representative to the Prevention Planning Council. In addition, ad hoc committees are often established to conduct assessment and referral activities.

Functions of the Student Assistance Program

An effective student assistance program will serve six functions: early identification, assessment, intervention, treatment, support, and case management (Anderson, 1989).

Early Identification

The earlier students are identified as needing assistance, the less resistant they will be toward accepting help and the more likely they will use intervention programs and services available to them.

To achieve early identification, programs must promote: (1) school-wide involvement in reporting suspected or witnessed substance use problems, (2) student self-referrals and peer referrals, and (3) parent referrals. The number of referrals will increase as school staff, students and parents become aware of the program and its credibility.

Before implementing a student assistance program, schools must establish criteria for identifying students who need assistance and detailed steps for contacting the core team. Specifically, policies and procedures for identification, referral and intervention should be added to the existing school district governing board policy for substance use.

Referral forms should be developed for school staff use. Inservice staff training about normal adolescent behavior, behaviors that are signs of substance use, and procedures for early identification of students should be provided.

Awareness programs for students, parents and community agency representatives should familiarize these groups with the student assistance program, its services and the referral process.

Assessment

Assessment is the process by which members of the student assistance core team gather information about referred students to determine the nature and extent of the problem and subsequent needs for programs and services.

During this screening process, the core team will interview the referred student, contact teachers, review the student's overall performance, contact his or her parents, and make recommendations to the student and parents, if appropriate.

Intervention

Once the nature and extent of the student's problem is identified and recommendations are made, the core team must take appropriate steps for intervention.

In an effective student assistance program, a variety of intervention strategies are available to students. Appropriate strategies are determined by the extent of the problem, the quality of the assessment data, and the willingness of the student to change the identified behavior.

Treatment

Even though school districts do not provide treatment, the student assistance core team should be aware of available treatment modalities and how appropriate they are for individual student needs. Partnerships with community-based organizations that provide treatment services should be established through the Prevention Planning Council.

Support

Since students are expected to change their behaviors related to substance use, support services are critical. In-school services must to include an overall climate supporting healthy attitudes and behaviors, trained staff to listen to student concerns, or specific support groups. (A more detailed description of peer support groups is found in the section on intervention strategies.)

Case Management

Case management or coordination insures that each student who needs assistance is appropriately served and that the process from identification to assessment to referral to support is implemented as planned.

Case management involves step-by-step procedures for: responding to referrals from teachers, students and parents; assessing the nature of the problem; making appropriate referrals to school community programs and services; providing follow-up by monitoring the students' progress in the program; communicating with teachers and administrators about the progress of the students; and monitoring program effectiveness.

Established procedures should also include assurances of confidentiality and due process for students and parents and guidelines for record keeping. These functions are essential for establishing program credibility.

Awareness and Inservice Training

To facilitate successful early identification efforts, schools must conduct a variety of awareness and inservice training programs. In addition to providing information about existing policies, programs, services and resources for identification and referral, these trainings will build credibility with students, parents, school staff and members of the community.

Staff Awareness

All school administrators and staff should receive information about how to recognize students who are using tobacco, alcohol or other drugs and the appropriate procedures for reporting suspected or witnessed use. Administrators' and other staff roles related to your identification and referral procedures should be clearly outlined.

Student Awareness

All students should receive information about identification of tobacco, alcohol or other drug use. Present information about the warning signs of substance use and the existing identification and referral procedures, including the name of the appropriate contact person.

Although you can give this information to large groups of students in assemblies, small group presentations allow for more discussion about issues, such as confidentiality of the initial contact, consequences of reporting substance use and notification of parents.

Parent Awareness

Notify parents in writing about procedures for identifying and referring students who are using substances. Include relevant school district governing policies about possession, use or sale of tobacco, alcohol or other drugs on school property.

Information can be distributed to all parents through normal school channels. However, parent awareness programs conducted during or after school hours will promote more indepth discussions about how parents can use existing programs and services if they suspect or witness their child's substance use.

Community Awareness

Community awareness programs describe and promote existing identification and referral programs and services in the school to community agencies, law enforcement agencies, voluntary agencies and youth serving agencies. Agencies that are aware of these programs and services and their credibility can recommend them to students who need additional assistance and support.

Inservice Training

More indepth training is necessary for staff responsible for assessing the extent of students' substance use and referring them to appropriate programs and services.

The scope of this training will depend on the complexity of staff roles. For example, if your staff are only responsible for connecting referred students to outside agencies for assessment and referral, your training would include an orientation to programs and services in community-based agencies and their appropriateness for individual student needs.

If your school has a student assistance program, training for core team members would include: a discussion about the role and purpose of the team, team-building skills, methods for collecting information about referred students and documenting each case, student interview techniques, strategies for working with parents, methods for working with outside agencies, and other pertinent information and skills.

(For more information about the training of student assistance core teams see: Anderson, 1989; National Training Associates, n.d; Ogden and Germinario, 1988)

Intervention

The intervention process begins once substance use is identified. Intervention is a difficult issue because, in many cases, youth do not think they have a problem. Few students will seek help from families, school personnel, or community-based counseling and treatment services.

Intervention strategies try to break through defenses and denial to reduce or eliminate substance use. Some programs, such as support groups for students at risk or students re-entering schools after treatment, can be provided directly in schools.

Other intervention programs and services are available in the community. Rather than initiating school-based intervention services, schools should work closely with community-based organizations with existing programs and services.

Intervention strategies that interrupt and reverse the progression of tobacco, alcohol and other drug use are described below.

Smoking Cessation Programs

Smoking cessation programs can be sponsored by schools, community service organizations, medical centers, research foundations, business/industry and a variety of other community-based or private organizations.

Many smoking cessation programs use educational activities and materials developed by the American Cancer Society, the American Lung Association, and the Seventh Day Adventist Church (Schwartz, 1987). Biofeedback techniques, hypnosis, and other behavioral approaches may be used by therapists and withdrawal clinics.

School-Sponsored Programs

Smoking cessation efforts usually include six to eight classroom sessions that emphasize decision-making skills, self-management skills and group support activities. Some programs also provide training in muscle relaxation and smoking aversion techniques, such as rapid smoking.

In most cases, educational smoking cessation programs consist of lectures and films about physiological effects of smoking, importance of exercise and a balanced diet, and steps on how to quit smoking. To facilitate success, programs should include "buddy systems," personal telephone contacts and maintenance sessions.

Withdrawal Clinics

Withdrawal clinics consist of small group sessions led by trained counselors or volunteers. Clinic programs are based on the premise that smoking is a learned habit and that quitting involves unlearning the smoking behavior and substituting healthier alternatives.

One of the most well-known smoking cessation clinics, *Helping Smokers Quit*, was developed by the American Cancer Society. This 16-hour clinic has three phases: self-appraisal and insight development, practice in abstaining from smoking in controlled conditions, and maintenance through group support.

Withdrawal clinics sponsored by the American Lung Association and the American Health Foundation use similar methods and techniques.

Twelve-Step Programs

Twelve-step programs, also called self-help groups, are organized to help individuals refrain from using substances. The most well-known of the twelve-step programs is Alcoholics Anonymous (AA). Alcoholics Anonymous is a voluntary organization which holds regularly scheduled meetings for alcoholics who are working to attain or maintain sobriety.

Other twelve-step programs, such as Smokers Anonymous, Narcotics Anonymous and Cocaine Anonymous, have been modeled after AA to help individuals remain drug-free. In addition, companion organizations (e.g., Al-Anon, Alateen, and Nar-Anon) help family members and friends of the substance users.

School personnel should be aware that these programs exist in their school community and should develop a list of self-help groups that includes the contact person, telephone number and scheduled meeting times and locations for interested students and parents.

If school facilities are available and student interest is adequate, twelve-step programs can be scheduled with other after-school activities.

Peer Support Groups

As discussed earlier, all students can be provided with age-appropriate information about tobacco, alcohol and other drugs as well as personal and social competency skills within the traditional classroom setting.

But students who are affected by their own or someone else's substance use need a safe, supportive environment in which they can discuss personal issues related to alcohol and other drug use.

School-based peer support groups are one way to address the increasing number of students affected by substance use. Peer support groups can: (1) provide opportunities for students to gain new insight about substance use; (2) enhance and maintain students' abilities to cope with substance use related issues; (3) provide support for changes in students' thoughts, feelings, attitudes and behaviors related to drugs; and (4) enable students to make use of resources in the school, family and community (Anderson, 1989; Fleming, 1990).

Peer support groups encourage interaction among students and facilitate sharing of feelings and experiences. As a result, support groups provide constructive peer pressure and peer modeling for changing substance use behaviors and maintaining healthier alternative behaviors.

Support groups should not be confused with group therapy sessions. Therapy sessions are conducted by highly trained professionals skilled in diagnosis and treatment.

Support groups are conducted by facilitators with basic knowledge of group dynamics and substance use related issues. Group therapy sessions ultimately provide treatment for diagnosed problems, while support groups provide information, clarification, peer support and referral, if necessary.

Nevertheless, support groups need clear goals and objectives based on the composition and size of the group, the number of sessions and the abilities of the facilitators.

Once the target group is selected and the goals/objectives are clarified, you will need to make decisions about:

- The number of sessions. The number of sessions (from 4 to 15) should be based on the purpose of the group and should be limited to meet the needs of a larger number of students and to allow students to participate in all phases of the group process.
- The structure of the sessions. Participating students must commit to attend all sessions. The most effective groups include informal presentations by the facilitator about different substance use issues followed by indepth group discussions. Most groups are closed to new members during the specified number of sessions. This minimizes interruptions and maximizes group trust.
- The frequency and duration of the sessions. Most groups meet weekly for one class period. Although groups can be held after school, some students would be prevented from attending because of transportation and other problems. Scheduling problems during the school day can be minimized by staggering the meeting during a specific day of the week.
- The selection process. School staff responsible for setting up peer support groups should establish criteria for selecting students. Most often, students are referred after an initial assessment by the designated contact person or the student assistance core team. Before entering the group, students must understand its purpose and commit to attending and participating in the group.
- Policies and procedures for conducting support groups. Be sure you establish appropriate policies and procedures for parental consent, confidentiality, student selection, attendance, selection of group facilitators and compensation of group facilitators.

In schools, four different types of students have specific needs to discuss personal issues related to substance use in a safe and confidential forum: (1) students at highest risk for using substances; (2) students affected by someone else's substance use; (3) students suspected of or identified as using substances; and (4) students re-entering school after treatment and rehabilitation. (For more information, see: Anderson, 1989; Fleming, 1990.)

Support Groups for At-Risk Students

Based on the student referral form and information gathered during the assessment process, peer support groups can be established for students identified at highest risk for substance use. These groups are aimed at bringing students with similar feelings and problems together. Most often, these sessions focus on building self-esteem and strengthening interpersonal and coping skills.

Support Groups for Students Affected by Someone Else's Substance Use

Research has shown that children whose parents or other family members use substances are more likely to use themselves. Support groups for these students help them understand and cope with problems related to substance use by family members. In addition to substance use issues, sessions often address issues related to self-esteem, coping skills and emotional health.

Support Groups for Students Suspected or Identified as Substance Users

These groups teach students about the consequences of substance use, encourage them to examine their own drug related behaviors, and support their decisions to make positive changes in their substance use behaviors.

Since members of these groups often deny that they have a problem and resist making changes in their substance use behaviors, a variety of methods are used in these support groups. They include: self-assessment, substance use contracts, roleplaying, resistance training, and direct confrontation.

Support Groups for Recovering Students

Support groups for recovering students can be very instrumental in helping students make successful transitions from treatment programs back to the school environment. Students' re-entry into school is extremely difficult due to peer pressure, expectations of school staff and expectations of the returning student.

Most recovery support groups are "open" so that students re-entering the school at different times during the year can be accommodated. Rather than discussing the effects of substance use, these groups focus on maintaining sobriety, allowing students to realize they are not alone in dealing with their alcohol or other drug problem, and strengthening refusal, communication and coping skills acquired during treatment.

Crisis Intervention

There are locations in the community where substance users in distress can call or go for assistance. They include walk-in centers, 24-hour telephone hotlines, emergency living arrangements and referral centers. In most cases, crisis intervention centers are staffed by nonprofessional volunteers. Their role is to provide immediate assistance in emergency situations. Hotlines and telephone numbers for crisis intervention should be posted throughout the school.

Individual and Family Counseling

Professional treatment for substance use is available from licensed psychiatrists, psychologists, social workers, and trained alcohol and drug abuse therapists in the community. Counseling services can be provided for students, their parents and/or other family members. A list of professionals with experience dealing with adolescents should be compiled and used for referral of students using alcohol or drugs.

Rehabilitation and Treatment

Even though they are not directly involved in the treatment of substance dependent students, school personnel should understand the characteristics of effective adolescent treatment programs and should know which programs are available in their school community. Once a problem with alcohol or drugs is acknowledged and accepted by the student and his/her parents, they will want to know the location of treatment services.

School personnel should have a list of available treatment options, including the program focus and cost. The most appropriate setting for a particular student is determined by the severity of the problem, the type of drug being used, the physical and emotional health of the student, and the student's support systems (For more information, see: Anderson, 1989; Pollich, Ellickson, Reuter and Kahen, 1984; Ogden and Germinario, 1988.)

Screening and Diagnostic

Confirmation of the school's assessment of the substance use problem and the student's level of use or dependency is the first step in treatment programs. Screening and diagnostic services are conducted on an outpatient basis or during a three- to five-day stay in a hospital or treatment center.

When recommending screening and diagnostics services, school personnel should be sure that the agency staff has experience working with adolescents. To facilitate the diagnostic process, school personnel should secure parental permission for sharing records with the assessment agency.

Outpatient

Students with less severe patterns of substance use, students who have been using substances for shorter periods of time, and students who are not likely to have withdrawal symptoms should be treated on an outpatient basis.

The purposes of outpatient treatment programs are: (1) to help students become drug-free; (2) to prevent relapse and deal with a recurrence of the problem, if necessary; and (3) to provide continuing support to recovering students.

Outpatient treatment services include: educational programs, small group therapy, individual counseling, and family counseling. They also involve attendance at appropriate twelve-step programs, such as Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous.

Inpatient

Students with more severe alcohol and drug dependency should be referred to inpatient treatment centers or residential programs. Because of their dependency, these students are likely to experience severe withdrawal symptoms or other medical complications.

In addition, they are at high risk for accidental overdose or suicide. As a result, they require a highly structured 24-hour program that can counteract the lack of motivation and direction resulting from substance use.

Most inpatient treatment programs last 28 days. During that time, services can include: observation; detoxification; medical treatment; individual, family, and group psychotherapy; physical and recreational therapy; orientation to twelve-step programs; and development of rehabilitation plans (Anderson, 1989; Ogden and Germinario, 1988).

After inpatient treatment, students continue outpatient treatment and attendance at twelve-step programs.

Aftercare

Aftercare services, such as group homes, halfway houses, individual or family counseling and peer support programs are usually recommended after inpatient or outpatient treatment services. Aftercare programs can last one to two years depending on the plan for rehabilitation.

Awareness and Inservice Training

To increase effectiveness of intervention programs, schools should conduct awareness training for all administrators and staff as well as more indepth training for staff working directly with students.

Staff Awareness

All administrators and staff should receive information about the existing policies and procedures for enforcement/discipline, intervention and recovering student support. In addition, staff should receive awareness training about existing school and community intervention programs and services.

Training Facilitators

Support group leadership should be open to all interested staff. Since the number of school counselors is usually limited, training group facilitators enables the school to assist greater numbers of students, including those at highest risk for substance use, those affected by their own or someone else's substance use, and those returning to school after treatment and rehabilitation.

Training should include indepth information about drug related issues and skills for conducting support groups. If feasible, the training also should include observation and co-leadership of support groups with more experienced facilitators.

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DEVELOPING YOUR PLAN

Federal and state resources provide an unparalleled opportunity for schools and communities to develop and implement comprehensive programs to prevent the use of tobacco, alcohol and other drugs. However, establishing and maintaining comprehensive programs that comply with federal and state mandates as well as coordinating and integrating existing efforts requires careful planning.

The following chapter describes a step-by-step process for planning effective programs and services.

Identify Requirements of Funding Sources

Several pieces of legislation have been enacted at the federal and state levels to address the growing concern about tobacco, alcohol and other drug use among children and adolescents.

Oftentimes, you must satisfy ***different*** requirements, assurances and recommendations for ***each*** statute to secure funding for substance use prevention, identification and intervention programs and services.

For example, one statute might require an advisory committee that includes administrators, parents, teachers and community members. Another statute might require an advisory committee that also includes students and law enforcement officials. A third statute might require representatives from community-based organizations with intervention services.

In effect, a school district could establish several advisory committees—each designed to meet the needs of one piece of legislation or new funding source.

Similarly, in the area of awareness and inservice training, you may be required to implement a variety of programs for administrators, teachers, parents and community members to meet *all* requirements of federal and state legislation. This is also true of school board policy, curriculum development, evaluation and so on.

To attain optimal effectiveness and efficiency, you must be able to identify and consolidate *all* legislative requirements and design *one* comprehensive program involving both the schools and the community.

Federal and state legislation that should be considered during program planning is described below.

Federal Drug-Free Schools and Communities Act

The *Federal Drug-Free Schools and Communities Act of 1986 (PL99-570, now PL100-297)* provides resources to reinforce and coordinate efforts of concerned parents, state/local officials and community organizations to eliminate the use of drugs by the nation's youth.

Part 2 of this act provides federal financial assistance to states to establish drug abuse education and prevention programs (coordinated with related community efforts and resources).

To secure funding, local school districts/consortia must meet the following requirements:

- Establish a drug abuse education and prevention advisory council. Include parents, teachers, state/local government officials, law enforcement officers, medical professionals, representatives from community-based organizations, and drug abuse education experts.
- Assess the current drug and alcohol problem in the schools.
- Adopt a drug policy, including an explanation of practices and procedures for enforcing the elimination of sale and use of drugs on school premises and for informing students of these procedures.
- Coordinate efforts of school district/consortium with other programs in the community involved in drug abuse education, prevention, treatment and rehabilitation.
- Use funding to establish, implement or augment mandatory age-appropriate, developmentally based drug abuse education and prevention programs for all students.

State Legislation, Education Codes and Health and Safety Codes

Legislative mandates for programs to prevent or reduce substance use among youth vary from state to state. Before developing and implementing programs and services, you must be aware of all requirements, assurances and recommendations of each piece of state legislation. In addition, you should be aware of state education codes and health/safety codes related to substance use.

Other Funding Sources

Some school districts receive funding from the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, or other federal agencies, such as the Centers for Disease Control. Additionally, school-based programs can receive funding from private foundations, corporations or public/voluntary organizations.

Each funding source may require compliance with specific requirements to secure and maintain funding.

Steps for Identifying Requirements

Follow these steps to facilitate integration of all substance use programs from your funding sources.

1. Review the requirements, assurances or recommendations for compliance with federal/state legislation or other funding sources for existing programs or services.

   Use Worksheet #1 to list each requirement/recommendation related to advisory groups, school district policy, educational programs, assessments, specialized staff, awareness and inservice training, parent/community involvement, and evaluation.

   Complete Worksheet #1 for *each* federal/state legislation or funding source.

2. Then, transfer this information to the matrix of local school district requirements/recommendations (Figure 7). Information for the Federal Drug-Free School and Communities Act (PL 100-297) is provided in column 1. (See Figure 8 for an example of a completed matrix.)

3. List information about education codes related to classroom instruction and parent/guardian consent as well as health/safety codes related to substance use on school campuses on the matrix.

4. Finally, identify commonalties among requirements, assurances and recommendations.

This combined information should be used during all stages of program planning for a more integrated approach to substance use programs and services.

For example, for school district policy, the Federal Drug-Free School and Communities Act requires a current policy with procedures to eliminate sale and use of drugs and alcohol on school premises.

In California, Proposition 99 requires up-to-date, widely disseminated school district and individual school policies and procedures. Assembly Bill 1087 requires policies with procedures for identification, intervention and referral of at-risk and drug-involved youth. Finally, Senate Bill 2599 requires up-to-date widely-disseminated

Worksheet 1

Identifying Requirements of Funding Sources

Name of Federal/State Legislation: ______________________________

Name of Other Funding Source: ______________________________

Requirements for Advisory Groups:

Membership: ______________________________

Number of Meetings: ______________________________

Roles/Responsibilities: ______________________________

Other: ______________________________

Requirements for School District Policy:

Required Policy, Regulations and Procedures:

1. ______________________________
2. ______________________________
3. ______________________________

Dissemination Procedures: ______________________________

Requirements for Curricula/Prevention Programs

Content

1. ______________________________
2. ______________________________
3. ______________________________

Skills:

1. ______________________________
2. ______________________________

Other Program Components:

1. ______________________________
2. ______________________________

Requirements for Assessments

Extent of Substance Use Problem: ______________________________

____

Existing Programs and Services: ______________________________

____

Worksheet 1—*continued*

Student Concerns and Interests: ______________________________

____

Requirements for Specialized Staff

Program Coordinators: ______________________________

____

Substance Use Prevention Specialist: ______________________________

____

Other: ______________________________

Requirements for Awareness and Inservice Training Programs

Awareness Programs:

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________

Inservice Training Programs:

1. ______________________________
2. ______________________________
3. ______________________________

Requirements for Parent/Community Involvement:

Parent Involvement: ______________________________

____

Community Involvement: ______________________________

____

Requirements for Evaluation

Evaluation of Educational Needs: ______________________________

____

Formative Evaluation: ______________________________

____

Summative Evaluation: ______________________________

____

Figure 7

Matrix of School District Requirements/Recommendations
Federal/State Legislation and Other Funding Sources

Requirements/ Recommendations	**Federal Drug-Free Schools and Communities Act** (P.L. 99-570) (1986), (now P.L. 100-297)			
Advisory Groups	• Drug Abuse Education and Prevention Advisory Council Parents Teachers State/local government officials Medical professionals Law enforcement representatives Community-based organization representatives Drug and alcohol use prevention experts			
District Policies	• Current drug and alcohol policy with procedures to eliminate sale and use of drugs and alcohol on school premises			
Prevention Education Programs	• Age-appropriate, developmentally based drug use education and prevention programs for all grades			
Assessments	• Extent of current drug and alcohol problem			
Specialized Staff				
Awareness and Training				
Parent/ Community Involvement	• Coordination of school program with community education, prevention, treatment, and rehabilitation programs			
Evaluation	• Procedures for monitoring program effectiveness			

Figure 8

Sample Matrix of School District Requirements/Recommendations Federal/State Legislation and Other Funding Sources

Requirements/ Recommendations	**Federal Drug-Free Schools and Communities Act** (PL 99-570) (1986), (now PL 100-297)	**Tobacco Use Prevention Education** (Proposition 99, AB 75, 1989)	**Comprehensive Alcohol and Drug Prevention Education Program** (AB 1087, Chapter 92, 1989)	**Five-Year State Master Plan to Reduce Drug and Alcohol Abuse in California** (SB 2599, Chapter 983, 1988)
Advisory Groups	• Drug Abuse Education and Prevention Advisory Council Parents Teachers State/local government officials Medical professionals Law enforcement representatives Community-based organization representatives Drug and alcohol use prevention experts	• Tobacco Use Prevention Education Planning Team (County Level) • School/Community Advisory Committee (County and District Level) Parents Teachers Local government representatives Medical professionals Law enforcement representatives Community-based organization representatives Tobacco use prevention experts	• Local Coordinating Committee (County Level) County drug/alcohol administrator Law enforcement representatives School district board members Administrators Teachers Parents Drug prevention/intervention program representatives	• Onsite Alcohol and Drug Abuse Advisory Team Administrators Teachers Counselors Students Parents Community representatives Health care professionals
District Policies	• Current drug and alcohol policy with procedures to eliminate sale and use of drugs and alcohol on school premises	• Up-to-date county office of education, school district and individual school policies and procedures • Widely disseminated	• Policies for alcohol/drug use enhanced to include procedures for identification, intervention, and referral of at-risk youth and drug/alcohol involved youth	• Updated, written alcohol and drug policies for all schools • Distributed to all employees, students and parents • Policies established to address needs of re-entering students
Prevention Education Programs	• Age-appropriate, developmentally based drug use education and prevention programs for all grades	• Tobacco use prevention integrated with existing tobacco, alcohol and drug use prevention program and comprehensive health education at all grade levels	• Age-appropriate alcohol and drug use prevention education in grades 4, 5, 6 • Early intervention activities including identification, assessment and referral	• Alcohol and drug education in grades K-12 • Peer education programs in grades 7-12
Assessments	• Extent of current drug and alcohol problem	• Existing tobacco, alcohol and drug use prevention policies, resources and programs	• School district characteristics, existing resources, extent of drug use among youth	
Specialized Staff		• Tobacco Use Prevention Education Coordinator (County and District Level)		• Alcohol and drug abuse specialist
Awareness and Training			• General drug awareness for teachers, administrators, and staff • Indepth training for individuals providing direct services • Inservice training for local law enforcement officers	• Basic alcohol and drug information to school board members • Basic training on how to recognize what to do about suspected alcohol and drug abuse for administrators and teachers • Comprehensive alcohol and drug abuse training for school counselor and nurses • Alcohol and drug training required for teacher credentialing and renewal
Parent/ Community Involvement	• Coordination of school program with community education, prevention, treatment, and rehabilitation programs	• Formal partnerships between schools and community information, referral, treatment and law enforcement agencies	• Parent education programs • Coordination of school, law enforcement, and community involvement	• Parent-teacher groups for grades K-12 • Parent education programs • Parent support groups
Evaluation	• Procedures for monitoring program effectiveness	• Procedures for determining program impact	• Programs monitored by Office of Criminal Justice Planning for compliance	• Alcohol and drug related incidents on school grounds reduced by 20%

policies which include provisions for students reentering school after rehabilitation.

In a California school district, the school district policy review committee must ensure that the policies, regulations and procedures meet all requirements listed above. Refer to the sample matrix (Figure 8) for additional examples of commonalties of requirements/recommendations.

Review and Enhance Policies, Regulations and Procedures

To be effective, substance use prevention, identification and intervention programs must have comprehensive supporting policies, regulations and procedures developed through a collaborative process involving representatives from the entire school community (PrevNet, 1989).

Clearly written, consistently enforced and broadly disseminated policies, regulations and procedures are important for several reasons. (See Figure 9 for definitions.)

Policies, regulations and procedures:

- provide a clear message to students and staff that using drugs on school campuses is unacceptable.
- eliminate confusion about how to handle situations involving use of substances.
- provide guidelines for identifying and assisting students or staff who are using substances.
- ensure consistent disciplinary actions for students and staff who do not follow drug regulations.
- provide a foundation for school district prevention, identification and intervention programs.

Guidelines for Reviewing Existing Policies

School district policies should be reviewed regularly to ensure that they are consistent with federal and state legislation and that regulations and procedures are enforceable.

When reviewing or enhancing your district's policies, regulations and procedures, consider these seven underlying principles (Hawley, Peterson and Mason, 1986).

Principle I

All students have a right to attend school in an environment conducive to learning. Since substance use is illegal and interferes with the learning and healthy development of students, the school has a legal and ethical obligation to maintain a drug-free school community.

Figure 9

Definitions Related to Policy Development

Policies

Substance use policies are statements that establish a school district's position related to maintaining drug-free school communities and meeting the needs of students at risk. Policy reflects the beliefs of the governing board and the values of the community. School district policy should address the following components: philosophy, prevention goals and specific programs.

Regulations

Regulations provide guidelines for implementing drug policies. Regulations should address: instruction, intervention, recovering student support, and enforcement/discipline for possession or sale of tobacco, alcohol or other drugs.

Procedures

Procedures delineate the roles of administrators, teachers, parents, and others; detail steps for routine handling of situations; assure consistent treatment for not following specific substance use regulations; and ensure the rights of students and staff. Individual sites must develop procedures for implementing the district policies and regulations.

Source: Prevnet, California State Department of Education Resource Services System. (1990). *Guidelines for developing comprehensive alcohol, tobacco and other drug policies, regulations, and procedures* . Sacramento, CA: Sacramento County Office of Education.

Principle II

The school district has an obligation to provide prevention education within the standard curriculum to prepare students for making decisions about substance use.

Principle III

Drug education must be based on accurate and scientifically valid information and should be age-appropriate and developmentally based.

Principle IV

Drug policy guidelines must be clear and unambiguous and should be communicated formally, in writing, every school year.

Principle V

Drug policy guidelines should be applied uniformly.

Principle VI

Support for the adopted policy should be obtained from parents, teachers, students and community members.

Principle VII

Although parents have the ultimate responsibility for monitoring their children's use of substances, individual differences in parents' standards cannot be permitted to compromise the school district's commitment to maintaining a drug-free educational environment.

Steps for Reviewing and Enhancing Governing Board Policy

Follow these steps to satisfy requirements/recommendations of current legislation related to policy:

1. Convene a committee comprised of administrators, teachers, parents and students to review existing policies, regulations and procedures related to substances. Use Worksheet #2 to help you. Identify ambiguities, inconsistencies and deficiencies with requirements of federal and state legislation.
2. Revise or enhance policies, regulations and procedures to include the following components: philosophy, instruction, intervention, recovering student support, and enforcement/discipline. Sample statements in each of these areas can be found in *Guidelines for Developing Comprehensive Alcohol, Tobacco and Other Drug Policies, Regulations, and Procedures* (PrevNet, 1990).
3. Send a draft of the revised substance use policy to the School/Community Advisory Committee and district/site administrators for feedback.
4. Modify policies, regulations and procedures, if necessary.
5. Consult school district legal counsel to assure that policies reflect current laws and interpretations.
6. Finalize the draft policy and follow procedures to secure school district board approval.
7. Widely disseminate the final School District Governing Board Policy to all employees, students and parents.

Worksheet 2

Reviewing School District Governing Board Policy

For each area listed below, indicate which components of substance use policy, regulations and procedures are included in your existing school district policy.

	Included	To Some Extent	Not At All	Comments
Components of Comprehensive Policy				
Philosophy				
Clear definition of what is covered by policy (based on current federal and state laws)	☐	☐	☐	
Clear message that use, possession or sale of substances on school campuses and at school-sponsored activities is unacceptable	☐	☐	☐	
Statement of school district's position related to maintaining drug-free learning environment	☐	☐	☐	
Prevention Goals				
Specific goals for classroom instruction	☐	☐	☐	
Specific goals for identification, intervention and referral	☐	☐	☐	
Specific goals for recovering student support	☐	☐	☐	
Specific goals for enforcement/discipline	☐	☐	☐	
Specific Programs				
Process for curriculum approval and adoption	☐	☐	☐	
Commitment to one or more existing substance use prevention programs	☐	☐	☐	
Compliance with state education and health and safety codes	☐	☐	☐	
Components of Comprehensive Regulations				
Instruction				
Description of instructional program (K-12)	☐	☐	☐	
Provisions for training of staff responsible for implementation of prevention education	☐	☐	☐	
Provisions for staff development/inservice, including substance use awareness and staff roles/responsibility in prevention, identification, intervention and referral	☐	☐	☐	
Provisions for parent/community involvement	☐	☐	☐	
Provisions for inservice training for local law enforcement officers	☐	☐	☐	

Continued on next page

Worksheet 2—*continued*	Included	To Some Extent	Not At All	**Comments**
Intervention				
Provisions for staff training on how to recognize and what to do about suspected substance use	☐	☐	☐	
Provisions for parent education and support	☐	☐	☐	
Use of community agencies and services in referral and intervention	☐	☐	☐	
Recovering Student Support				
Range of services provided to students returning after rehabilitation	☐	☐	☐	
Coordination of school, home and community involvement	☐	☐	☐	
Provision of training for staff responsible for recovering student support	☐	☐	☐	
Provision of student support groups	☐	☐	☐	
Enforcement/Discipline				
Regulations regarding possession, use or sale of tobacco, alcohol or other drugs	☐	☐	☐	
Staff awareness of procedures for enforcing regulations	☐	☐	☐	
Statement of consequences of violating district regulations	☐	☐	☐	
Components of Comprehensive Procedures:				
Description of role of teachers, administrators, law enforcement officials, parents and human services agencies	☐	☐	☐	
Procedures for:				
informing students, parents and staff of substance use policies, regulations and procedures	☐	☐	☐	
documenting infractions and maintaining confidential records	☐	☐	☐	
protecting student and staff rights	☐	☐	☐	
handling first and subsequent offenses	☐	☐	☐	
emergency care for students or staff who have overdosed on alcohol or drugs	☐	☐	☐	
involving law enforcement officials	☐	☐	☐	
notifying parents	☐	☐	☐	
reporting substance use offenses	☐	☐	☐	
legal issues (e.g., confidentiality, search and seizure)	☐	☐	☐	

Build Coalitions/Partnerships in the School Community

Optimal success of substance use prevention, identification and intervention programs necessitates the active involvement of as many community sectors as possible.

Traditionally, schools have appointed advisory committees to guide decision making related to instructional programs. Their responsibilities usually include: examining the existing substance use problem; reviewing strategies to address the problem; identifying strengths/weaknesses of existing programs; recommending actions to meet community needs; and providing ongoing information about the school-based program to the community.

To meet requirements of federal (PL 100-297) and state legislation, establish *one* school/community advisory committee for substance use prevention. Existing advisory groups should be coalesced. Evaluate membership to eliminate duplication of expertise. If necessary, appoint additional members to satisfy all requirements of legislation.

You Need a Prevention Planning Council

Tobacco, alcohol and other drug use are not isolated behaviors. They are interrelated with many other adolescent problems, such as academic failure, truancy, pregnancy, depression and suicide. However, because of categorical funding and the diversity of goals/objectives of responding organizations, these issues are often addressed independently by schools, community agencies, and public and private organizations. Since substance use is caused by multiple factors within many systems—school, family, community, peer group—it is important to consolidate and enhance prevention, identification and intervention efforts across all settings.

A collaborative approach—partnerships among schools, parent groups, law enforcement agencies, community based organizations, voluntary health organizations, youth service organizations, health care providers, civic organizations and others—leads to collective responsibility for prevention programs and eliminates duplication of efforts, gaps in services, inefficient use of resources, and lack of consistent coordination.

In addition, collaboration provides consistent messages through multiple channels to more effectively impact *all* systems affecting children and adolescents. Interagency linkage enhances the delivery and increases the quality and quantity of prevention, identification and intervention programs and services.

School community coalitions/partnerships differ from advisory groups in membership and functions (see Figure 10). Membership includes individuals from distinct and separate agencies/organizations with a common focus on substance use prevention but differing perspectives and capa-

Figure 10

Comparison of Community Advisory Committee and Prevention Planning Council

Advisory Committee

Membership:

Interested individuals selected from segments of the community to advise school district personnel about substance use prevention programs.

Functions:

1. Examine existing substance use problem in the school community (assessment).
2. Review possible strategies that address the health problem (approval).
3. Identify strengths/weaknesses of existing drug program in the school community (evaluation).
4. Recommend specific actions to meet community values and needs (advisement).
5. Provide ongoing information to the community (information sharing).

Steps for Establishing Advisory Committee:

1. Review requirements of current legislation related to advisory groups
2. Evaluate existing membership of groups
3. Generate list of individuals to fill gaps
4. Select additional members
   - with leadership roles and influence in the community
   - with knowledge/experience in substance use prevention
   - willing to volunteer time and energy
5. Contact potential members
   - describe function and charge of advisory committee
   - discuss length of service
   - set first meeting date
6. Conduct first meeting
   - explain role and function
   - determine operating procedures
   - select chairperson
   - schedule next meeting

Prevention Planning Council

Membership:

Individuals from distinct and separate organizations and agencies with a common interest in substance use prevention but different perspectives and capabilities.

Functions:

1. Ensure official administrative commitment (advocacy).
2. Promote awareness and dissemination of information about programs, resources and services (clearinghouse).
3. Facilitate collaboration thereby reducing duplication, identifying gaps and maximizing benefits (coordination).
4. Provide information about program effectiveness and efficiency to decision-makers (evaluation).
5. Implement new resources (innovation).

Steps to Establishing the Prevention Planning Council:

1. Plan the development of the Prevention Planning Council
   - define need
   - draft preliminary long-term objectives
   - draft preliminary governance structure
2. Identify potential members
   - in schools
   - in community agencies and organizations
   - in private sector
3. Contact potential members
   - with direct responsibility for substance use programs/services
   - with leadership roles and influence within the agency
   - detail the need for and advantages of collaborative effort
   - delineate long-term objectives
   - set first meeting date
4. Conduct first meeting
   - explain purpose
   - determine operating procedures
   - select facilitator
   - schedule next meeting

Adapted from: Allensworth, D.D. (1987). Building community support for quality school health programs. *Journal of School Health, 18(5).*

bilities. These stakeholders work toward joint planning and integration of existing efforts.

A coalition/partnership for substance use prevention performs the following functions (Allensworth, 1987; Bureau of Health Education, 1980).

Advocacy

Assure administrative commitment for substance use prevention by providing active leadership and communication, laying the groundwork by documenting needs, and lobbying decision makers.

Clearinghouse

Promote awareness and disseminate information about substance use programs, resources and services by establishing a two-way communication network.

Coordination

Facilitate collaboration among efforts in the school community to reduce duplication, identify gaps, and maximize the benefits of existing substance use prevention, identification and intervention programs and services.

Evaluation

Provide information about effectiveness and efficiency of substance use programs and services to decision makers.

Innovation

Implement new programs and services to meet the needs of the school community.

Although there are many benefits of Prevention Planning Councils, you should be aware of several barriers to their success, such as unclear purpose and direction, lack of motivation, and accountability. A list of common barriers and ways to overcome them are found in Figure 11.

Steps for Establishing a Prevention Planning Council

Follow these steps to a successful Prevention Planning Council:

1. Plan the development of the Prevention Planning Council. Define the need for the school/community partnership, the preliminary long-term objectives, and a preliminary governance structure.

2. Identify potential members. Using Worksheet #3, generate a list of community agencies serving children and adolescents. Limit it to agencies with substance use programs and services.

3. Contact potential members. From the final list, identify individuals with direct responsibility for the programs/services or individuals with leadership roles and influence within their agency. A council of 12-16 individuals is ideal. Send a letter of invitation detailing the need for and advantages of a collaborative effort and delineating the long-term objectives to potential members. After the Prevention Planning Council membership is finalized, schedule the first meeting.

Figure 11

Overcoming Barriers to Successful Prevention Planning Councils

Barrier	Overcoming the Barrier
Purpose and direction of the council is unclear	• Discuss purpose at the first meeting for clarification. • Put purpose in writing.
Problems with leadership	• Clarify role of facilitators. • Establish mechanisms for rotating facilitators in case they are needed. • Encourage members to provide feedback about the group process.
Questions about "turf"	• Develop written agreements delineating roles and responsibilities of partners. • Encourage open communication about "turf" issues.
Problems caused by outside control of funding agencies	• Make all partners aware of restraints placed on specific programs and services by funders. • Consider outside constraints early in development of the plan.
Problems with motivation	• Set short term goals so that the Council can see "success." • Work in small groups so that all partners can be actively involved.
Problems with communication and coordination	• Select facilitators with strong skills. • Establish clear methods for resolving conflict and controversy before it happens.
Inability to accomplish tasks	• Work in small groups. • Establish consensus decision-making procedures and follow them. • Have a written agreement about governance structure. • Prepare an agenda for meetings and stick to it.
Accountability	• Be sure to have interest and commitment of entire agency, not just the representative. • Prepare minutes with action items to remind everyone of responsibilities.

Worksheet 3

Identifying Potential Council Members

Organization	Phone #	Has Substance Use Program/ Service		Contact Person
		Yes	No	
Law Enforcement Agencies				
		☐	☐	
		☐	☐	
Community-Based Organizations				
		☐	☐	
		☐	☐	
Voluntary Health Organizations				
		☐	☐	
		☐	☐	
Youth Serving Organizations				
		☐	☐	
		☐	☐	
Parent Organizations				
		☐	☐	
		☐	☐	
Churches				
		☐	☐	
		☐	☐	
Community Support Groups				
		☐	☐	
		☐	☐	
Health Care Facilities				
		☐	☐	
		☐	☐	
Health Care Providers				
		☐	☐	
		☐	☐	
Private Businesses/Industry				
		☐	☐	
		☐	☐	
Social Organizations				
		☐	☐	
		☐	☐	
Institutions of Higher Education				
		☐	☐	
		☐	☐	
Other				
		☐	☐	
		☐	☐	

4 Conduct the first council meeting. This meeting provides an opportunity for all stakeholders to share their viewpoints, learn about effective prevention strategies, agree on how the council will function as a unit, and commit to working together for a long period of time.

5 Conduct regular meetings to develop the school community prevention plan.

Assess Your Programs and Services

Assessing existing programs and services in the school community is the next step. Awareness of "what is" serves two purposes.

First, it provides the Prevention Planning Council with a more comprehensive picture or "map" of what is being done, by whom, and to what extent in the areas of prevention, identification and intervention. This mapping process indicates where collaboration could take place in future program development.

Second, it helps the Prevention Planning Council look at "gaps" between existing prevention, identification and intervention efforts and determine what should be included in their comprehensive prevention plan.

More specifically, it indicates unserved or underserved target groups, specific risk or protective factors that have not been addressed, or missing links between identification, referral and intervention programs. Minimally, the comprehensive prevention plan should encompass all of the requirements and recommendations of federal and state legislation. (Prevention Planning Councils should refer to the legislation matrix developed using Worksheet #1.)

Steps for Assessing Programs and Resources

The Prevention Planning Council assumes major responsibility for assessing existing programs and resources and identifying the gaps.

Follow these steps to ensure identification of all current efforts:

1 Independently, school-based members of the Prevention Planning Council identify all prevention, identification and intervention programs and services provided in their schools. First, complete Worksheet #4 to identify weak areas in the existing curriculum. Then, assess additional prevention, identification and intervention components at their schools using Worksheet #5.

2 Community-based members complete Worksheet #6 to identify existing programs and services in their organizations.

3 Transfer information about programs and services in individual schools to Worksheet #7. This summary worksheet provides a comprehensive picture of substance use prevention, identification and intervention programs and services ***in the school district.***

4 Transfer information about program and services provided by each community-based organization represented in the Prevention Planning Council to Worksheet #8. This summary worksheet provides a comprehensive picture of substance use prevention, identification and intervention programs and services ***in the community.***

5 Identify and contact schools ***not*** represented by members of the Prevention Planning Council. Obtain information about prevention, identification and intervention programs and services in these schools (Worksheet #5) and add to the school district summary (Worksheet #7).

6 Using the generated list of potential Council members, identify and contact community-based organizations with substance use programs and services but without representation on the Prevention Planning Council. Obtain information about these prevention, identification and intervention programs and services (Worksheet #6) and add to the community summary (Worksheet #8).

7 Keep all individual checklists in the Prevention Planning Council files for easy access and reference.

8 When all information is acquired, compare the school district and community summaries of existing prevention, identification and intervention programs and services and those required by federal and state legislation to identify deficiencies and gaps related to advisory groups, district policy, educational programs, awareness and inservice training programs, and assessments/evaluations.

Worksheet 4

Determining Comprehensiveness of Existing Substance Use Prevention Curriculum

Name of School ______________________________

Grade Level ______________________________

	Included	To Some Extent	Not At All	Comments
Does the curriculum have specific program goals and objectives?	☐	☐	☐	
Does it include a planned sequence of activities about tobacco, alcohol and other drug use?	☐	☐	☐	
Is it appropriate to the developmental level of the students?	☐	☐	☐	
Does it promote wellness and not merely disease prevention?	☐	☐	☐	
Does it contain activities to develop decision-making competencies related to substance use?	☐	☐	☐	
Does it provide opportunities for students to develop and demonstrate knowledge, attitudes and practices related to substance use?	☐	☐	☐	
Does it integrate the physical, mental, emotional and social dimensions of health?	☐	☐	☐	
Does it include evaluation procedures?	☐	☐	☐	
Does it have sufficient resources?	☐	☐	☐	
Is it consistent with the state framework for health education?	☐	☐	☐	

Worksheet 5

Identifying Existing Programs and Services in Individual Schools

Name of School ________________________________

Grade Level ________________________________

Prevention

- ☐ Policy
  - ☐ Philosophy
  - ☐ Instruction
- ☐ Comprehensive curriculum
- ☐ School community advisory committee
- ☐ Peer helper programs
  - ☐ Peer educators
  - ☐ Peer mentors/cross-age tutors
  - ☐ Peer counselors
- ☐ Adult mentor programs
- ☐ Parent/community involvement
  - ☐ Parent education programs
  - ☐ Parent support groups
  - ☐ Community awareness
- ☐ Staff health promotion
- ☐ School health services
- ☐ Staff awareness programs
  - ☐ Extent of substance use
  - ☐ Existing policy: philosophy/instruction
  - ☐ Effects of substance use
  - ☐ Existing prevention programs
- ☐ Inservice training programs
  - ☐ For staff implementing curriculum
  - ☐ For law enforcement officers
- ☐ Other, please specify

Identification

- ☐ Policy
  - ☐ Identification
  - ☐ Referral
- ☐ Faculty, peer, parent, self-referral
- ☐ Student assistance program
- ☐ Employee assistance program
- ☐ Staff awareness programs
  - ☐ Existing policy: Identification/referral
  - ☐ Warning signs of substance use
  - ☐ Procedures for identification and referral
- ☐ Inservice training programs
  - ☐ For staff responsible for identification/referral
  - ☐ For student assistance core team members
- ☐ Other, please specify

Intervention

- ☐ Policy
  - ☐ Intervention
  - ☐ Re-entering students
- ☐ Smoking cessation programs
- ☐ Twelve-step programs
- ☐ Peer support groups
  - ☐ For at-risk students
  - ☐ For students affected by someone else's use
  - ☐ For suspected/identified users
  - ☐ For recovering students
- ☐ Crisis intervention
- ☐ Staff awareness programs
  - ☐ Existing policy: enforcement, intervention and re-entering students
  - ☐ School community intervention programs and services
- ☐ Inservice training programs
  - ☐ For peer support group leaders
- ☐ Other, please specify

Worksheet 6

Identifying Existing Programs and Services in Individual Community-Based Organizations

Name of organization ____________________

Age of target group ____________________

Prevention

- ☐ School community advisory committee member
- ☐ Speaker programs
- ☐ Substance use awareness programs
- ☐ Substance use information database
- ☐ Substance use information dissemination
- ☐ School volunteers
- ☐ Substance use prevention education programs
- ☐ Funding source for school programs
- ☐ Peer helper programs
  - ☐ Peer educators
  - ☐ Peer mentors/cross-age tutors
  - ☐ Peer counselors
- ☐ Parent Involvement
  - ☐ Parent education programs
  - ☐ Parent support groups
- ☐ Positive alternative activities
- ☐ Sponsor of school programs
- ☐ Sponsor of related contests
- ☐ Other, please specify

Identification

- ☐ Staff identification and referral services
- ☐ Student assistance team members
- ☐ Employee assistance programs
- ☐ Staff training for identification and referral
- ☐ Other, please specify

Intervention

- ☐ Smoking cessation programs
- ☐ Twelve-step programs
- ☐ Peer support groups
  - ☐ For at-risk students
  - ☐ For students affected by someone else's use
  - ☐ For suspected/identified users
- ☐ Crisis intervention services
- ☐ Hotlines
- ☐ Emergency medical services
- ☐ Screening and diagnostic services
- ☐ Individual counseling services
- ☐ Family counseling services
- ☐ Rehabilitation and treatment services
- ☐ Other, please specify

Worksheet 7

Summary of Existing Programs and Services in the School District

Prevention

	Name of School	Policy: Philosophy and instruction	Comprehensive curriculum	School community advisory committee	Peer helper programs	Adult mentor programs	Parent/community involvement	Staff health promotion	School health services	Staff awareness programs	Inservice training programs	Other ______
Elementary	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle school	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
High school	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Continued on next page

Worksheet 7—*continued*

	Identification *Name of School*	Policy: Identification and referral	Faculty, peer, parent, self-referral	Student assistance program	Employee assistance program	Staff awareness programs	Inservice training programs	Other ______
Elementary	______________________	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐
Middle school	______________________	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐
High school	______________________	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐

Worksheet 7—*continued*

Intervention	*Name of School*	Policy: Intervention and re-entering students	Smoking cessation programs	Twelve-step programs	Peer support groups	Crisis intervention	Staff awareness programs	Inservice training programs	Other ______
Elementary		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
Middle school		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
High school		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐

Worksheet 8

Summary of Existing Programs and Services in the Community

Prevention *Name of Organization*	School community advisory committee member	Speaker program	Substance use awareness programs	Substance use information database	Substance use information dissemination	School volunteers	Substance use prevention education programs	Funding source for school programs	Peer helper programs	Parent involvement	Positive alternative activities	Sponsor of school programs	Sponsor of related contests	Other ______
Name ______ Age of target group ______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ______ Age of target group ______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ______ Age of target group ______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ______ Age of target group ______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ______ Age of target group ______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ______ Age of target group ______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ______ Age of target group ______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ______ Age of target group ______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ______ Age of target group ______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Worksheet 8—*continued*

Identification *Name of Organization*	Staff identification and referral services	Student assistance team member	Employee assistance program	Staff training for identification and referral	Other ______
Name ____________ Age of target group ______	☐	☐	☐	☐	☐
Name ____________ Age of target group ______					
Name ____________ Age of target group ______	☐	☐	☐	☐	☐
Name ____________ Age of target group ______					
Name ____________ Age of target group ______	☐	☐	☐	☐	☐
Name ____________ Age of target group ______					
Name ____________ Age of target group ______	☐	☐	☐	☐	☐
Name ____________ Age of target group ______					
Name ____________ Age of target group ______	☐	☐	☐	☐	☐

Continued on next page

Worksheet 8—*continued*

Intervention *Name of Organization*	Smoking cessation program	Twelve-step program	Peer support groups	Crisis intervention services	Hotlines	Emergency medical services	Screening and diagnostic services	Individual counseling services	Family counseling services	Rehabilitation and treatment services	Other ______
Name ______________________ Age of target group __________	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ______________________ Age of target group __________	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ______________________ Age of target group __________	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ______________________ Age of target group __________	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ______________________ Age of target group __________	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ______________________ Age of target group __________	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ______________________ Age of target group __________	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ______________________ Age of target group __________	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ______________________ Age of target group __________	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Prioritize Gaps

After compiling the list of deficiencies and gaps, the Prevention Planning Council must determine the areas of greatest need and importance, the feasibility of developing new programs or services and the order in which those programs and services should be implemented.

Base prioritization of "gaps" in prevention, identification and intervention programs and services on the following criteria:

- Whether the program or service is required by federal or state legislation. Prevention, identification and intervention programs and services required by legislation but not currently in place have the highest priority for development and implementation.
- The number of risk factors that will be addressed by the program.
- The number of protective factors that will be addressed by the program.
- The total number of students who will be reached. The number of students reached will help determine whether the new program or service will be cost effective.
- The number of at-risk students who will be reached.
- Whether existing staff are sufficient to support the program or service. Cost for additional staff necessary to develop and implement the program should be determined.
- Whether existing staff are adequately prepared to implement the program. Costs for awareness and inservice training programs should be determined.
- The costs and benefits of developing and/or implementing the program. Costs and benefits may be both tangible and intangible, e.g., actual amount of money needed, decrease in prevalence of substance use, or healthier school climate.
- The costs and benefits of not developing and/or implementing the program.
- The perceived effectiveness of the program or service. Programs and services should be evaluated for perceived effectiveness based on criteria presented in the section *Evaluating/Selecting School-Based Substance Use Prevention Programs.*

Steps for Prioritizing Gaps in Programs and Services

Follow these steps to evaluate and prioritize each deficiency or gap in substance use programs and services:

1. Across the top of Worksheet #9, list each identified gap in programs and services. Subsequently, evaluate each identified gap based on the criteria listed in the previous section.

2 After completing this evaluation process, use techniques such as pyramiding, paired weighting decision-making, and the Delphi technique, to make decisions about priorities for developing and implementing new programs and services (see Dignan and Carr, 1987; Isaac and Michael, 1984; Kaufman and English, 1979; and Stufflebeam, McCormick, Brinckerhoff and Nelson, 1985).

3 Before final decisions are made about development and implementation of new school-based programs and services, consult administrative and teaching staff at appropriate levels to determine the feasibility/applicability of the new program and possible obstacles to successful implementation at the school site.

Develop Program Goals and Objectives

Program goals are broad statements that provide direction for making decisions about instructional materials, prevention programs and services, awareness and inservice training programs, and evaluation.

Since these statements are very general, the attainment of goals is difficult to assess. As a result, more specific, measurable program objectives must be developed to determine if substance use programs and services are effective and to determine if programs and services should be expanded, maintained or discontinued. (For more information about program goals and objectives, see: Dignan and Carr, 1987; Greene and Simons-Morton, 1984; Fodor and Dalis, 1989.)

Steps for Developing Goals and Objectives

Once the "gaps" in substance use programs and services have been identified and prioritized, the Prevention Planning Council should implement the following steps to develop program goals and objectives.

1 Using Worksheet #10, write one or more program goal statements reflecting the school district's philosophy related to student health and substance use. For example, the long-range goal of one school district might be "to create a drug-free environment for learning."

2 For each broad goal, develop specific, measurable program objectives that incorporate information gathered during the school community assessment (see sections on *As-*

Worksheet 9

Prioritizing Gaps in Programs and Services

Criterion	**Identified Gaps**			
	1.__________	2.__________	3.__________	4.__________
Required by federal or state legislation	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Number of risk factors addressed				
Number of protective factors addressed				
Total number of students that will be reached				
Number of at-risk students that will be reached				
Existing staff sufficient	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Existing staff adequately trained	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Costs/benefits of developing and implementing				
Costs/benefits of *not* developing and implementing				
Perceived effectiveness				

Worksheet 10

Developing Program Goals and Objectives

Program Goal:

Program Objective 1:

Program Objective 2:

Program Objective 3:

Program Objective 4:

Program Objective 5:

Worksheet 11

Sample Program Goals and Objectives

Program Goal:

To create a drug-free environment for learning.

Program Objective 1:

A comprehensive tobacco, alcohol and drug use prevention education program will be provided to students at all grade level levels.

Program Objective 2:

An up-to-date school district governing board policy will be disseminated to all employees, students and parents.

Program Objective 3:

Special support groups will be established for students at highest risk for tobacco, alcohol and drug use.

Program Objective 4:

Program Objective 5:

sessing Existing Programs and Services and *Prioritizing Gaps in Programs and Services*). Program objectives can be directed toward: (1) enhancing or maintaining existing programs and services, and/or (2) developing and implementing new programs and services.

In addition, program objectives can relate to school district policies, regulations and procedures and/or community coalition building. Minimally, program objectives should encompass all requirements and recommendations of federal and state legislation (refer to Figure 7).

Program objectives should include a *content* dimension and a *behavioral* dimension. Worksheet #11 is an example of a completed worksheet of program goals and objectives.

Plan Program and Evaluation Activities

Substance use prevention, identification and intervention programs and services can encompass a wide variety of program activities.

These activities may include, but are not limited to: reviewing and enhancing school board policies, regulations and procedures; reviewing, revising or adopting instructional materials; providing awareness and/or inservice training programs to school board members, administrators, teachers, other staff, law enforcement officers, parents and community members; providing resources for teachers, parents and students; developing identification and referral systems for students and staff using substances; and providing intervention and support services for students and staff.

During the planning process, the Prevention Planning Council should continually refer to program and evaluation components required by federal and state legislation (see Figure 7) and the list of prioritized gaps in the school community substance use programs and services.

If the program activities include developing or selecting a new prevention education program, refer to the section on *Evaluating/Selecting Prevention Education Programs.*

If the program activities include provision of awareness or inservice training programs, refer to the section on *Providing Staff Awareness and Inservice Training Programs.*

Each program activity should include specific evaluation components. For more information about the kinds of evaluations that can be conducted, refer to the section on *Making Decisions About Program Evaluation.*

Steps for Developing Program and Evaluation Activities

After program goals and objectives have been developed, the Prevention Planning Council should delineate the actual activities that will be conducted to accomplish each objective by implementing the following steps.

1. For each program objective, list all possible ways of accomplishing that objective. Oftentimes, several activities are necessary to achieve a particular program objective.

For example, implementing a comprehensive substance use prevention education program to students at all grade levels might include activities to enhance school board policy related to prevention, review and revise existing curricula at all levels, and provide inservice training to appropriate teachers.

Final decisions about program activities should be based on: current legislation, available resources, perceived barriers to implementation and cost effectiveness.

2. Use Worksheet #12 to list program activities for each objective.

3. As each program activity is conceptualized, make decisions about how it will be evaluated, that is, what evaluation procedures will be used to determine the extent to which the objectives are reached and the expected success rate.

Current federal and state legislation related to substance use programs may require specific evaluation components. That is, certain legislation may require monitoring program implementation while others may require evaluating the impact of the program.

In making decisions about evaluation activities, the Council should attempt to meet all federal and state requirements as delineated in Figure 7.

Worksheet #13 provides an example of program and evaluation activities for the program objective: A comprehensive substance use prevention education program will be provided to students at all grade levels.

Evaluating/Selecting School-Based Prevention Programs

In response to the growing concern about substance use among children and adolescents, numerous curricula and prevention programs have been developed, implemented and evaluated. Some school districts have developed their own curriculum materials; others have adopted or adapted packaged curricula or prevention programs to meet their educational needs.

Evaluating the quality of the curricula/prevention programs in the school district and, if necessary, selecting new prevention education programs from those available are essential steps toward establishing and maintaining drug-free school communities.

As part of the planning process, school districts should use Worksheet #14 to determine if their existing prevention education programs meet the requirements of federal and state legislation and

Worksheet 12

Developing Program and Evaluation Activities

Program Goal: ____

____

Program Objective 1: ______________________________________

____

Program Activity 1.1:	**Evaluation Activity 1.1:**
Program Activity 1.2:	**Evaluation Activity 1.2:**
Program Activity 1.3:	**Evaluation Activity 1.3:**
Program Activity 1.4:	**Evaluation Activity 1.4:**

Worksheet 13

Sample Program and Evaluation Activities

Program Goal: To create a drug-free environment for learning.

Program Objective 1: A comprehensive substance use prevention education program will be provided to students at all grade levels.

Program Activity 1.1: The existing substance use prevention education program in all grade levels will be reviewed to determine if it is comprehensive.	**Evaluation Activity 1.1:** At each grade level, the prevention education programs will be evaluated using the "Worksheet for Determining Comprehensiveness of Existing Substance Use Prevention Curriculum."
Program Activity 1.2: As indicated by Evaluation Activity 1.1, revisions and additions will be made in the substance use prevention education curriculum.	**Evaluation Activity 1.2:** New classroom activities will be field tested and revisions made based on input from teachers and students. At the end of the school year, evaluation forms will be completed by administrators and teachers to identify strengths and weaknesses of the program, identify obstacles to implementation, and elicit suggestions for improvement.
Program Activity 1.3: Classroom teachers will be trained to implement the revised curriculum.	**Evaluation Activity 1.3:** An instrument will be developed to determine participants' satisfaction with the teacher training. Revisions to the teacher training will be made based on participants' input and suggestions.
Program Activity 1.4:	**Evaluation Activity 1.4:**

Worksheet 14

Evaluating/Selecting School-Based Prevention Programs

Name of Program: ____________________

Grade Level: ____________________

After reviewing the prevention program/curriculum, please indicate whether the following criteria are met. Additional detail about specific criteria should be made in the section for comments.

	Yes	*No*	*Not Sure*	**Comments**
Is the program/curriculum based on sound theory?	☐	☐	☐	
Is the approach comprehensive?	☐	☐	☐	
Does it have clearly defined goals and objectives?	☐	☐	☐	
Does it meet state guidelines for substance use prevention education?	☐	☐	☐	
Does it address specific risk factors?	☐	☐	☐	
Will it strengthen any protective factors?	☐	☐	☐	
Does include elements proven to be effective in prevention programs?	☐	☐	☐	
Does it begin early enough to provide knowledge and skills needed before students are faced with decisions?	☐	☐	☐	
Does it have a clear "no use" message?	☐	☐	☐	
Can the program be integrated with existing tobacco, alcohol and drug use prevention programs?	☐	☐	☐	
Is the program appropriate for the developmental level of the target population?	☐	☐	☐	
Is the program appropriate for the culture, ethnicity and socio-economic status of the community?	☐	☐	☐	
Does the program use a broad range of methods for teaching knowledge, skills and concepts?	☐	☐	☐	
Is the program student-focused?	☐	☐	☐	
Does it include a peer education components?	☐	☐	☐	
Does it include a parent component?	☐	☐	☐	
Does it include a community component?	☐	☐	☐	
Does it include training for teachers or providers?	☐	☐	☐	
Does it provide support materials?	☐	☐	☐	
Has the program been evaluated?	☐	☐	☐	
Is it cost effective?	☐	☐	☐	

include key elements of effective prevention programs.

This evaluation will identify strengths and weaknesses of school-based prevention efforts and provide direction for future program adoptions.

In addition, these criteria can be used as guidelines in the development or selection of substance use prevention programs.

A description of the goals, content and methods of several packaged curricula and prevention programs for possible adoption are found in ***Schools and Drugs: A Guide to Drug and Alcohol Abuse Prevention Curricula and Programs***(Crime Prevention Center, 1987) and ***What Works? A Guide to School-Based Alcohol and Drug Abuse Prevention Curricula*** (Rogers, Howard-Pitney and Bruce, 1989).

Providing Staff Awareness and Inservice Training

Staff awareness and inservice training programs are a critical component of effective school-based programs. First, administrators, teachers and other staff must be made aware of the substance use problem, existing school district policies, regulations and procedures, and available prevention, identification and intervention programs and services in the school community.

Second, classroom teachers must be provided with the knowledge, attitudes and skills necessary to effectively implement the selected curriculum or prevention program. If other school-based programs and services are available (e.g., student assistance programs and student support groups), teachers or other staff must be specially trained to implement these programs.

Steps for Providing Awareness and Inservice Training

Staff awareness and inservice training should be an integral part of program planning. The Prevention Planning Council should identify program activities by following these steps:

1. Using Worksheet #15, identify staff awareness and inservice training programs required by funding sources (refer to Figure 7).

2. Assess staff needs to determine content of awareness and inservice training programs. Training depends on several factors: staff experience and professional preparation; knowledge about tobacco, alcohol and other drugs; instructional methods; and community resources. (For more information on developing needs assessments, see: Kaufman and English, 1979; Stufflebeam, McCormick, Brinckerhoff and Nelson, 1985.)

3. Base final decisions about awareness and inservice training programs on available resources (i.e., for facility rental, consultants, educational materials and participant stipends) and staff time for program planning and conducting training activities.

Worksheet 15

Determining Awareness and Inservice Training Programs

Awareness/Inservice Training Program	Required by Fed/State Legislation	Existing Program?	# Previously Trained	# to Be Trained	Comments
Prevention					
Staff awareness programs	☐ Yes ☐ No	☐ Yes ☐ No			
Extent of substance use	☐ Yes ☐ No	☐ Yes ☐ No			
Existing policy: philosophy/instruction	☐ Yes ☐ No	☐ Yes ☐ No			
Effects of substance use	☐ Yes ☐ No	☐ Yes ☐ No			
Existing prevention programs	☐ Yes ☐ No	☐ Yes ☐ No			
Parent awareness programs	☐ Yes ☐ No	☐ Yes ☐ No			
Extent of substance use	☐ Yes ☐ No	☐ Yes ☐ No			
Existing policy: philosophy/instruction	☐ Yes ☐ No	☐ Yes ☐ No			
Effects of substance use	☐ Yes ☐ No	☐ Yes ☐ No			
Existing prevention programs	☐ Yes ☐ No	☐ Yes ☐ No			
Inservice training programs	☐ Yes ☐ No	☐ Yes ☐ No			
For staff implementing curriculum	☐ Yes ☐ No	☐ Yes ☐ No			
For law enforcement officers	☐ Yes ☐ No	☐ Yes ☐ No			
Identification					
Staff awareness programs	☐ Yes ☐ No	☐ Yes ☐ No			
Existing policy: identification/referral	☐ Yes ☐ No	☐ Yes ☐ No			
Warning signs of substance use	☐ Yes ☐ No	☐ Yes ☐ No			
Procedures for identification and referral	☐ Yes ☐ No	☐ Yes ☐ No			
Parent awareness programs	☐ Yes ☐ No	☐ Yes ☐ No			
Existing policy: identification/referral	☐ Yes ☐ No	☐ Yes ☐ No			
Warning signs of substance use	☐ Yes ☐ No	☐ Yes ☐ No			
Procedures for identification and referral	☐ Yes ☐ No	☐ Yes ☐ No			
Student awareness programs	☐ Yes ☐ No	☐ Yes ☐ No			
Existing policy: identification/referral	☐ Yes ☐ No	☐ Yes ☐ No			
Warning signs of substance use	☐ Yes ☐ No	☐ Yes ☐ No			
Procedures for identification and referral	☐ Yes ☐ No	☐ Yes ☐ No			
Inservice training	☐ Yes ☐ No	☐ Yes ☐ No			
For staff responsible for identification/referral	☐ Yes ☐ No	☐ Yes ☐ No			
For student assistance core team members	☐ Yes ☐ No	☐ Yes ☐ No			
Intervention					
Awareness programs	☐ Yes ☐ No	☐ Yes ☐ No			
Existing policy: enforcement, intervention, re-entering students	☐ Yes ☐ No	☐ Yes ☐ No			
School community intervention programs and services	☐ Yes ☐ No	☐ Yes ☐ No			
Inservice training	☐ Yes ☐ No	☐ Yes ☐ No			
For peer support group leaders	☐ Yes ☐ No	☐ Yes ☐ No			

Making Decisions About Program Evaluation

Program evaluations are a valuable means for assessing whether prevention programs/services are actually being implemented as planned and for determining the extent to which programs and services are effective.

The evaluation process should be built into all developmental stages of prevention, identification and intervention programs/services and should be continued after programs are in place.

Three major types of evaluation are used in educational settings: evaluations of educational needs, formative evaluations and summative evaluations.

- An evaluation of educational needs is a prerequisite to effective program planning. The assessment of existing substance use programs and services completed by the Prevention Planning Council will identify and prioritize gaps between what is and what should be and will guide program development. In addition, baseline data about students' attitudes and behaviors related to substance use and other health-related areas can be collected. The Centers for Disease Control *Youth Risk Behavior Survey* (Appendix B) can be used to collect high school data. For collecting middle/junior high school data, the *National Adolescent Student Health Survey* should be used. Copies of the survey packet can be obtained from the Association for the Advancement of Health Education, Reston, Virginia.

- Formative evaluations are considered the quality control of programs and services in practice. They provide information that can be used to refine existing or newly developed programs and services.

- Summative evaluations provide a summary of the effectiveness of the program or service over a period of time. They provide information about the impact and outcome of the program and are used to make decisions about future program directions and resource allocations. If the CDC *Youth Risk Behavior Survey* or the *National Adolescent Student Health Survey* were used to collect baseline data, they can be administered on a regular basis to determine program impact.

Decisions about evaluation activities should be based on: (1) the program goals and objectives; (2) the purpose of the evaluation; (3) the availability of staff and other resources; and (4) the character and setting of the school community. Some school districts may incorporate relevant national health promotion and disease prevention objectives as part of their summative evaluation methods.

For each proposed program activity delineated on Worksheet #12, the Prevention Planning Council should refer to Figure 12 to determine appropriate evaluation activities and data collection methods. (For more detail about evaluation procedures, see: Borg and Gall, 1986; Fitz-Gibbon and Morris, 1987; Green and Lewis, 1986; Isaac and Michael, 1984; Kaufman and English, 1979; Rossi and Freeman, 1982; Windsor, Baranowski, Clark and Cutter, 1984).

Figure 12

Making Decisions About Program Evaluation

	Evaluation of Educational Needs	Formative Evaluations	Summative Evaluations
Purpose	• To discover problem areas or weaknesses in substance use prevention efforts; to project future conditions that could suggest program adjustments.	• To improve developing or ongoing programs and services; to assess short-term effects of the program.	• To determine extent to which the program or service was successful; to draw conclusions about the impact and outcome of the program; to make decisions about future directions.
Evaluation Activities	• Assess existing programs and services. • Collect baseline data about students' knowledge, attitudes, behaviors. • Identify student concerns and interests. • Identify and prioritize "gaps" in programs and services.	• Field test classroom activities. • Pilot test program with a small group. • Monitor the implementation process. • Assess how well the program or service is being received by administrators, teachers and students. • Assess if staff were adequately trained. • Determine if students are learning what was intended.	• Administer a questionnaire before and after the program. • Assess changes in health status by examining existing records, e.g., emergency room records for drug overdose admissions, death attributed to drinking and driving, suicide rates.
Questions Answered	• What are the priority needs? • Where should resources be allocated? • What are program goals and measurable objectives?	• Is the program or service being implemented as planned? • Does the program or service vary from site to site *or* classroom to classroom? • Should revisions be made to activities, staffing, curriculum materials, measurement instruments?	• Is the program or service meeting its objectives? • How effective is the program or service? • Should the program or service be continued? • What conclusions can be made about the short- and long-term effects of the programs?
Data Collection Methods	• Self-report surveys of students' knowledge, attitudes and behaviors • In-depth interviews with students • Focus group interviews • Delphi technique with experts	• Daily logs from teachers • Written surveys of administrators, teachers and students • Tracking forms • Classroom observations • Focus group interviews with students	• Pre/post program measures • In-depth interviews • Participant observation • School/community records • Morbidity, mortality, and natality data

Implement Your Plan

Your substance use prevention, identification and intervention program is ready for implementation. All your careful planning is about to pay off, but this doesn't mean your work is complete. To insure success, you must monitor and reevaluate all aspects of your program on a regular basis.

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APPENDIX A
WORKSHEETS

Worksheet 1

Identifying Requirements of Funding Sources

Name of Federal/State Legislation: ______________________

Name of Other Funding Source: ______________________

Requirements for Advisory Groups:

Membership: ______________________

Number of Meetings: ______________________

Roles/Responsibilities: ______________________

Other: ______________________

Requirements for School District Policy:

Required Policy, Regulations and Procedures:

1. ______________________
2. ______________________
3. ______________________

Dissemination Procedures: ______________________

Requirements for Curricula/Prevention Programs

Content

1. ______________________
2. ______________________
3. ______________________

Skills:

1. ______________________
2. ______________________

Other Program Components:

1. ______________________
2. ______________________

Requirements for Assessments

Extent of Substance Use Problem: ______________________

____

Existing Programs and Services: ______________________

____

Student Concerns and Interests: ____________________

____

Requirements for Specialized Staff

Program Coordinators: ____________________

____

Substance Use Prevention Specialist: ____________________

____

Other: ____________________

Requirements for Awareness and Inservice Training Programs

Awareness Programs:

1. ____________________
2. ____________________
3. ____________________
4. ____________________

Inservice Training Programs:

1. ____________________
2. ____________________
3. ____________________

Requirements for Parent/Community Involvement:

Parent Involvement: ____________________

____

Community Involvement: ____________________

____

Requirements for Evaluation

Evaluation of Educational Needs: ____________________

____

Formative Evaluation: ____________________

____

Summative Evaluation: ____________________

____

Worksheet 2

Reviewing School District Governing Board Policy

For each area listed below, indicate which components of substance use policy, regulations and procedures are included in your existing school district policy.

	Included	To Some Extent	Not At All	Comments
Components of Comprehensive Policy				
Philosophy				
Clear definition of what is covered by policy (based on current federal and state laws)	☐	☐	☐	
Clear message that use, possession or sale of substances on school campuses and at school-sponsored activities is unacceptable	☐	☐	☐	
Statement of school district's position related to maintaining drug-free learning environment	☐	☐	☐	
Prevention Goals				
Specific goals for classroom instruction	☐	☐	☐	
Specific goals for identification, intervention and referral	☐	☐	☐	
Specific goals for recovering student support	☐	☐	☐	
Specific goals for enforcement/discipline	☐	☐	☐	
Specific Programs				
Process for curriculum approval and adoption	☐	☐	☐	
Commitment to one or more existing substance use prevention programs	☐	☐	☐	
Compliance with state education and health and safety codes	☐	☐	☐	
Components of Comprehensive Regulations				
Instruction				
Description of instructional program (K-12)	☐	☐	☐	
Provisions for training of staff responsible for implementation of prevention education	☐	☐	☐	
Provisions for staff development/inservice, including substance use awareness and staff roles/responsibility in prevention, identification, intervention and referral	☐	☐	☐	
Provisions for parent/community involvement	☐	☐	☐	
Provisions for inservice training for local law enforcement officers	☐	☐	☐	

Worksheet 2—*continued*

	Included	To Some Extent	Not At All	**Comments**
Intervention				
Provisions for staff training on how to recognize and what to do about suspected substance use	☐	☐	☐	
Provisions for parent education and support	☐	☐	☐	
Use of community agencies and services in referral and intervention	☐	☐	☐	
Recovering Student Support				
Range of services provided to students returning after rehabilitation	☐	☐	☐	
Coordination of school, home and community involvement	☐	☐	☐	
Provision of training for staff responsible for recovering student support	☐	☐	☐	
Provision of student support groups	☐	☐	☐	
Enforcement/Discipline				
Regulations regarding possession, use or sale of tobacco, alcohol or other drugs	☐	☐	☐	
Staff awareness of procedures for enforcing regulations	☐	☐	☐	
Statement of consequences of violating district regulations	☐	☐	☐	
Components of Comprehensive Procedures:				
Description of role of teachers, administrators, law enforcement officials, parents and human services agencies	☐	☐	☐	
Procedures for:				
informing students, parents and staff of substance use policies, regulations and procedures	☐	☐	☐	
documenting infractions and maintaining confidential records	☐	☐	☐	
protecting student and staff rights	☐	☐	☐	
handling first and subsequent offenses	☐	☐	☐	
emergency care for students or staff who have overdosed on alcohol or drugs	☐	☐	☐	
involving law enforcement officials	☐	☐	☐	
notifying parents	☐	☐	☐	
reporting substance use offenses	☐	☐	☐	
legal issues (e.g., confidentiality, search and seizure)	☐	☐	☐	

Worksheet 3

Identifying Potential Council Members

Organization	Phone #	Has Substance Use Program/ Service		Contact Person
		Yes	No	
Law Enforcement Agencies		☐	☐	
		☐	☐	
Community-Based Organizations		☐	☐	
		☐	☐	
Voluntary Health Organizations		☐	☐	
		☐	☐	
Youth Serving Organizations		☐	☐	
		☐	☐	
Parent Organizations		☐	☐	
		☐	☐	
Churches		☐	☐	
		☐	☐	
Community Support Groups		☐	☐	
		☐	☐	
Health Care Facilities		☐	☐	
		☐	☐	
Health Care Providers		☐	☐	
		☐	☐	
Private Businesses/Industry		☐	☐	
		☐	☐	
Social Organizations		☐	☐	
		☐	☐	
Institutions of Higher Education		☐	☐	
		☐	☐	
Other		☐	☐	
		☐	☐	

Worksheet 4

Determining Comprehensiveness of Existing Substance Use Prevention Curriculum

Name of School ______________________________

Grade Level ______________________________

	Included	To Some Extent	Not At All	Comments
Does the curriculum have specific program goals and objectives?	☐	☐	☐	
Does it include a planned sequence of activities about tobacco, alcohol and other drug use?	☐	☐	☐	
Is it appropriate to the developmental level of the students?	☐	☐	☐	
Does it promote wellness and not merely disease prevention?	☐	☐	☐	
Does it contain activities to develop decision-making competencies related to substance use?	☐	☐	☐	
Does it provide opportunities for students to develop and demonstrate knowledge, attitudes and practices related to substance use?	☐	☐	☐	
Does it integrate the physical, mental, emotional and social dimensions of health?	☐	☐	☐	
Does it include evaluation procedures?	☐	☐	☐	
Does it have sufficient resources?	☐	☐	☐	
Is it consistent with the state framework for health education?	☐	☐	☐	

Worksheet 5

Identifying Existing Programs and Services in Individual Schools

Name of School ______________________________

Grade Level ______________________________

Prevention

- ☐ Policy
  - ☐ Philosophy
  - ☐ Instruction
- ☐ Comprehensive curriculum
- ☐ School community advisory committee
- ☐ Peer helper programs
  - ☐ Peer educators
  - ☐ Peer mentors/cross-age tutors
  - ☐ Peer counselors
- ☐ Adult mentor programs
- ☐ Parent/community involvement
  - ☐ Parent education programs
  - ☐ Parent support groups
  - ☐ Community awareness
- ☐ Staff health promotion
- ☐ School health services
- ☐ Staff awareness programs
  - ☐ Extent of substance use
  - ☐ Existing policy: philosophy/instruction
  - ☐ Effects of substance use
  - ☐ Existing prevention programs
- ☐ Inservice training programs
  - ☐ For staff implementing curriculum
  - ☐ For law enforcement officers
- ☐ Other, please specify

Identification

- ☐ Policy
  - ☐ Identification
  - ☐ Referral
- ☐ Faculty, peer, parent, self-referral
- ☐ Student assistance program
- ☐ Employee assistance program
- ☐ Staff awareness programs
  - ☐ Existing policy: Identification/referral
  - ☐ Warning signs of substance use
  - ☐ Procedures for identification and referral
- ☐ Inservice training programs
  - ☐ For staff responsible for identification/referral
  - ☐ For student assistance core team members
- ☐ Other, please specify

Intervention

- ☐ Policy
  - ☐ Intervention
  - ☐ Re-entering students
- ☐ Smoking cessation programs
- ☐ Twelve-step programs
- ☐ Peer support groups
  - ☐ For at-risk students
  - ☐ For students affected by someone else's use
  - ☐ For suspected/identified users
  - ☐ For recovering students
- ☐ Crisis intervention
- ☐ Staff awareness programs
  - ☐ Existing policy: enforcement, intervention and re-entering students
  - ☐ School community intervention programs and services
- ☐ Inservice training programs
  - ☐ For peer support group leaders
- ☐ Other, please specify

Worksheet 6

Identifying Existing Programs and Services in Individual Community-Based Organizations

Name of organization ______________________________

Age of target group ______________________________

Prevention

- ☐ School community advisory committee member
- ☐ Speaker programs
- ☐ Substance use awareness programs
- ☐ Substance use information database
- ☐ Substance use information dissemination
- ☐ School volunteers
- ☐ Substance use prevention education programs
- ☐ Funding source for school programs
- ☐ Peer helper programs
  - ☐ Peer educators
  - ☐ Peer mentors/cross-age tutors
  - ☐ Peer counselors
- ☐ Parent Involvement
  - ☐ Parent education programs
  - ☐ Parent support groups
- ☐ Positive alternative activities
- ☐ Sponsor of school programs
- ☐ Sponsor of related contests
- ☐ Other, please specify

Identification

- ☐ Staff identification and referral services
- ☐ Student assistance team members
- ☐ Employee assistance programs
- ☐ Staff training for identification and referral
- ☐ Other, please specify

Intervention

- ☐ Smoking cessation programs
- ☐ Twelve-step programs
- ☐ Peer support groups
  - ☐ For at-risk students
  - ☐ For students affected by someone else's use
  - ☐ For suspected/identified users
- ☐ Crisis intervention services
- ☐ Hotlines
- ☐ Emergency medical services
- ☐ Screening and diagnostic services
- ☐ Individual counseling services
- ☐ Family counseling services
- ☐ Rehabilitation and treatment services
- ☐ Other, please specify

Worksheet 7

Summary of Existing Programs and Services in the School District

	Prevention *Name of School*	Policy: Philosophy and instruction	Comprehensive curriculum	School community advisory committee	Peer helper programs	Adult mentor programs	Parent/community involvement	Staff health promotion	School health services	Staff awareness programs	Inservice training programs	Other ______
Elementary	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle school	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
High school	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Worksheet 7—*continued*

	Identification *Name of School*	Policy: Identification and referral	Faculty, peer, parent, self-referral	Student assistance program	Employee assistance program	Staff awareness programs	Inservice training programs	Other ______
Elementary		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
Middle school		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
High school		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐

Continued on next page

	Intervention *Name of School*	Policy: Intervention and re-entering students	Smoking cessation programs	Twelve-step programs	Peer support groups	Crisis intervention	Staff awareness programs	Inservice training programs	Other ______
Elementary	______________________	☐	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐	☐
Middle school	______________________	☐	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐	☐
High school	______________________	☐	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐	☐
	______________________	☐	☐	☐	☐	☐	☐	☐	☐
	______________________								

Worksheet 8

Summary of Existing Programs and Services in the Community

Prevention *Name of Organization*	School community advisory committee member	Speaker program	Substance use awareness programs	Substance use information database	Substance use information dissemination	School volunteers	Substance use prevention education programs	Funding source for school programs	Peer helper programs	Parent involvement	Positive alternative activities	Sponsor of school programs	Sponsor of related contests	Other ____
Name ____ Age of target group ____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ____ Age of target group ____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ____ Age of target group ____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ____ Age of target group ____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ____ Age of target group ____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ____ Age of target group ____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ____ Age of target group ____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ____ Age of target group ____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ____ Age of target group ____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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Worksheet 8—*continued*

Identification *Name of Organization*	Staff identification and referral services	Student assistance team member	Employee assistance program	Staff training for identification and referral	Other ______
Name ______________ Age of target group ________	☐	☐	☐	☐	☐
Name ______________ Age of target group ________					
Name ______________ Age of target group ________	☐	☐	☐	☐	☐
Name ______________ Age of target group ________					
Name ______________ Age of target group ________	☐	☐	☐	☐	☐
Name ______________ Age of target group ________					
Name ______________ Age of target group ________	☐	☐	☐	☐	☐
Name ______________ Age of target group ________					
Name ______________ Age of target group ________	☐	☐	☐	☐	☐

Worksheet 8—*continued*

Intervention *Name of Organization*	Smoking cessation program	Twelve-step program	Peer support groups	Crisis intervention services	Hotlines	Emergency medical services	Screening and diagnostic services	Individual counseling services	Family counseling services	Rehabilitation and treatment services	Other ________
Name ____________________ Age of target group __________	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ____________________ Age of target group __________	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ____________________ Age of target group __________	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ____________________ Age of target group __________	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ____________________ Age of target group __________	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ____________________ Age of target group __________	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ____________________ Age of target group __________	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ____________________ Age of target group __________	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name ____________________ Age of target group __________	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Worksheet 9

Prioritizing Gaps in Programs and Services

Criterion	**Identified Gaps**			
	1.__________ __________	2.__________ __________	3.__________ __________	4.__________ __________
Required by federal or state legislation	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Number of risk factors addressed				
Number of protective factors addressed				
Total number of students that will be reached				
Number of at-risk students that will be reached				
Existing staff sufficient	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Existing staff adequately trained	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Costs/benefits of developing and implementing				
Costs/benefits of *not* developing and implementing				
Perceived effectiveness				

Worksheet 10

Developing Program Goals and Objectives

Program Goal:

Program Objective 1:

Program Objective 2:

Program Objective 3:

Program Objective 4:

Program Objective 5:

Worksheet 11

Sample Program Goals and Objectives

Program Goal:

To create a drug-free environment for learning.

Program Objective 1:

A comprehensive tobacco, alcohol and drug use prevention education program will be provided to students at all grade level levels.

Program Objective 2:

An up-to-date school district governing board policy will be disseminated to all employees, students and parents.

Program Objective 3:

Special support groups will be established for students at highest risk for tobacco, alcohol and drug use.

Program Objective 4:

Program Objective 5:

Worksheet 12

Developing Program and Evaluation Activities

Program Goal: ______________________________

Program Objective 1: ______________________________

Program Activity 1.1:	**Evaluation Activity 1.1:**
Program Activity 1.2:	**Evaluation Activity 1.2:**
Program Activity 1.3:	**Evaluation Activity 1.3:**
Program Activity 1.4:	**Evaluation Activity 1.4:**

Worksheet 13

Sample Program and Evaluation Activities

Program Goal: To create a drug-free environment for learning.

Program Objective 1: A comprehensive substance use prevention education program will be provided to students at all grade levels.

Program Activity 1.1: The existing substance use prevention education program in all grade levels will be reviewed to determine if it is comprehensive.	**Evaluation Activity 1.1:** At each grade level, the prevention education programs will be evaluated using the "Worksheet for Determining Comprehensiveness of Existing Substance Use Prevention Curriculum."
Program Activity 1.2: As indicated by Evaluation Activity 1.1, revisions and additions will be made in the substance use prevention education curriculum.	**Evaluation Activity 1.2:** New classroom activities will be field tested and revisions made based on input from teachers and students. At the end of the school year, evaluation forms will be completed by administrators and teachers to identify strengths and weaknesses of the program, identify obstacles to implementation, and elicit suggestions for improvement.
Program Activity 1.3: Classroom teachers will be trained to implement the revised curriculum.	**Evaluation Activity 1.3:** An instrument will be developed to determine participants' satisfaction with the teacher training. Revisions to the teacher training will be made based on participants' input and suggestions.
Program Activity 1.4:	**Evaluation Activity 1.4:**

Worksheet 14

Evaluating/Selecting School-Based Prevention Programs

Name of Program: ____

Grade Level: ____

After reviewing the prevention program/curriculum, please indicate whether the following criteria are met. Additional detail about specific criteria should be made in the section for comments.

	Yes	*No*	*Not Sure*	**Comments**
Is the program/curriculum based on sound theory?	☐	☐	☐	
Is the approach comprehensive?	☐	☐	☐	
Does it have clearly defined goals and objectives?	☐	☐	☐	
Does it meet state guidelines for substance use prevention education?	☐	☐	☐	
Does it address specific risk factors?	☐	☐	☐	
Will it strengthen any protective factors?	☐	☐	☐	
Does include elements proven to be effective in prevention programs?	☐	☐	☐	
Does it begin early enough to provide knowledge and skills needed before students are faced with decisions?	☐	☐	☐	
Does it have a clear "no use" message?	☐	☐	☐	
Can the program be integrated with existing tobacco, alcohol and drug use prevention programs?	☐	☐	☐	
Is the program appropriate for the developmental level of the target population?	☐	☐	☐	
Is the program appropriate for the culture, ethnicity and socio-economic status of the community?	☐	☐	☐	
Does the program use a broad range of methods for teaching knowledge, skills and concepts?	☐	☐	☐	
Is the program student-focused?	☐	☐	☐	
Does it include a peer education components?	☐	☐	☐	
Does it include a parent component?	☐	☐	☐	
Does it include a community component?	☐	☐	☐	
Does it include training for teachers or providers?	☐	☐	☐	
Does it provide support materials?	☐	☐	☐	
Has the program been evaluated?	☐	☐	☐	
Is it cost effective?	☐	☐	☐	

Worksheet 15

Determining Awareness and Inservice Training Programs

Awareness/Inservice Training Program	Required by Fed/State Legislation	Existing Program?			Comments
Prevention					
Staff awareness programs	☐ Yes ☐ No	☐ Yes ☐ No			
Extent of substance use	☐ Yes ☐ No	☐ Yes ☐ No			
Existing policy: philosophy/instruction	☐ Yes ☐ No	☐ Yes ☐ No			
Effects of substance use	☐ Yes ☐ No	☐ Yes ☐ No			
Existing prevention programs	☐ Yes ☐ No	☐ Yes ☐ No			
Parent awareness programs	☐ Yes ☐ No	☐ Yes ☐ No			
Extent of substance use	☐ Yes ☐ No	☐ Yes ☐ No			
Existing policy: philosophy/instruction	☐ Yes ☐ No	☐ Yes ☐ No			
Effects of substance use	☐ Yes ☐ No	☐ Yes ☐ No			
Existing prevention programs	☐ Yes ☐ No	☐ Yes ☐ No			
Inservice training programs	☐ Yes ☐ No	☐ Yes ☐ No			
For staff implementing curriculum	☐ Yes ☐ No	☐ Yes ☐ No			
For law enforcement officers	☐ Yes ☐ No	☐ Yes ☐ No			
Identification					
Staff awareness programs	☐ Yes ☐ No				
Existing policy: identification/referral	☐ Yes ☐ No				
Warning signs of substance use	☐ Yes ☐ No				
Procedures for identification and referral	☐ Yes ☐ No				
Parent awareness programs	☐ Yes ☐ No				
Existing policy: identification/referral	☐ Yes ☐ No				
Warning signs of substance use	☐ Yes ☐ No				
Procedures for identification and referral	☐ Yes ☐ No				
Student awareness programs	☐ Yes ☐ No				
Existing policy: identification/referral	☐ Yes ☐ No				
Warning signs of substance use	☐ Yes ☐ No				
Procedures for identification and referral	☐ Yes ☐ No				
Inservice training	☐ Yes ☐ No				
For staff responsible for identification/ referral	☐ Yes ☐ No				
For student assistance core team members	☐ Yes ☐ No				
Intervention					
Awareness programs	☐ Yes ☐ No	☐ Yes ☐ No			
Existing policy: enforcement, intervention, re-entering students	☐ Yes ☐ No	☐ Yes ☐ No			
School community intervention programs and services	☐ Yes ☐ No	☐ Yes ☐ No			
Inservice training	☐ Yes ☐ No	☐ Yes ☐ No			
For peer support group leaders	☐ Yes ☐ No	☐ Yes ☐ No			

APPENDIX B

YOUTH RISK BEHAVIOR SURVEY

Baseline data about students' attitudes and behaviors related to substance use and other health-related areas can be collected using this survey developed by The Centers for Disease Control.

Administering this survey before and after program implementation can help determine program impact and provide direction for program revisions.

Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what *you* do that may affect your health. The information you give will be used to develop better health education programs for young people like yourself.

DO NOT write your name on this survey *or* the answer sheet. The answers you give will be kept *private.* No one will know what you write. Answer the questions based on what you really do.

Completing this survey is voluntary. Whether or not you answer the questions will not affect your grade in this class.

The questions that ask about your background will only be used to describe the types of students completing the survey. The information will not be used to find out your name. *No names will ever be reported.*

Place all your answers on the answer sheet. Fill in the circles completely. Make sure to answer every question. When you are finished, follow the instructions of the person giving the survey.

1. How old are you?
    a. 12 years old or younger
    b. 13 years old
    c. 14 years old
    d. 15 years old
    e. 16 years old
    f. 17 years old
    g. 18 years old or older

2. What is your sex?
    a. Female
    b. Male

3. In what grade are you?
    a. 9th grade
    b. 10th grade
    c. 11th grade
    d. 12th grade
    e. Ungraded or other

4. How do you describe yourself?
   a. White—not Hispanic
   b. Black—not Hispanic
   c. Hispanic
   d. Asian or Pacific Islander
   e. Native American or Alaskan Native
   f. Other

5. Compared to other students in your class, what kind of student would you say you are?
   a. One of the best
   b. Far above the middle
   c. A little above the middle
   d. In the middle
   e. A little below the middle
   f. Far below the middle
   g. Near the bottom

6. How often do you wear a seat belt when riding in a car driven by someone else?
   a. Never
   b. Rarely
   c. Sometimes
   d. Most of the time
   e. Always

7. During the past 12 months, how many times did you ride a motorcycle?
   a. 0 times
   b. 1 to 10 times
   c. 11 to 20 times
   d. 21 to 39 times
   e. 40 or more times

8. When you rode a motorcycle during the past 12 months, how often did you wear a helmet?
   a. I did not ride a motorcycle during the past 12 months
   b. Never wore a helmet
   c. Rarely wore a helmet
   d. Sometimes wore a helmet
   e. Most of the time wore a helmet
   f. Always wore a helmet

9. During the past 12 months, how many times did you ride a bicycle?
   a. 0 times
   b. 1 to 10 times
   c. 11 to 20 times
   d. 21 to 39 times
   e. 40 or more times

10. When you rode a bicycle during the past 12 months, how often did you wear a helmet?
    a. I did not ride a bicycle during the past 12 months
    b. Never wore a helmet
    c. Rarely wore a helmet
    d. Sometimes wore a helmet
    e. Most of the time wore a helmet
    f. Always wore a helmet

11. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?
    a. 0 times
    b. 1 time
    c. 2 or 3 times
    d. 4 or 5 times
    e. 6 or more times

12. During the past 30 days, how many times did *you* drive a car or other vehicle when you had been drinking alcohol?
    a. 0 times
    b. 1 time
    c. 2 or 3 times
    d. 4 or 5 times
    e. 6 or more times

13. During the past 12 months, when you went swimming in places such as a pool, lake or ocean, how often was an adult or a lifeguard watching you?
    a. I did not go swimming during the past 12 months
    b. Never
    c. Rarely
    d. Sometimes
    e. Most of the time
    f. Always

14. During the past 30 days, on how many days did you carry a weapon such as a gun, knife or club?
    a. 0 days
    b. 1 day
    c. 2 or 3 days
    d. 4 or 5 days
    e. 6 or more days

15. During the past 30 days, what *one* kind of weapon did you carry most often?
    a. I did not carry a weapon during the past 30 days
    b. A handgun
    c. Other guns, such as a rifle or a shotgun
    d. A knife or razor
    e. A club, stick, bat or pipe
    f. Some other weapon

16. During the past 12 months, how many times were you in a physical fight?
    a. 0 times
    b. 1 time
    c. 2 or 3 times
    d. 4 or 5 times
    e. 6 or 7 times
    f. 8 or 9 times
    g. 10 or 11 times
    h. 12 or more times

17. The *last time* you were in a physical fight, with whom did you fight?
    a. I have never been in a physical fight
    b. A total stranger
    c. A friend or someone I know
    d. A boyfriend, girlfriend or a date
    e. A parent, brother, sister or other family member
    f. Someone not listed above
    g. More than one of the persons listed above

18. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or a nurse?
    a. 0 times
    b. 1 time
    c. 2 or 3 times
    d. 4 or 5 times
    e. 6 or more times

Sometimes people feel so depressed and hopeless about the future that they may consider attempting suicide, that is, taking some action to end their own lives.

19. During the past 12 months, did you ever *seriously* consider attempting suicide?
    a. Yes
    b. No

20. During the past 12 months, did you make a plan about how you would attempt suicide?
    a. Yes
    b. No

21. During the past 12 months, how many times did you actually attempt suicide?
    a. 0 times
    b. 1 time
    c. 2 or 3 times
    d. 4 or 5 times
    e. 6 or more times

22. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning or overdose that had to be treated by a doctor or a nurse?
    a. I did not attempt suicide during the past 12 months
    b. Yes
    c. No

The next eight questions ask about cigarette smoking.

23. Have you ever tried cigarette smoking, even one or two puffs?
    a. Yes
    b. No

24. Do you think you will try cigarette smoking during the next 12 months?
    a. I have already tried cigarette smoking
    b. *Yes*, I think I will try cigarette smoking during the next 12 months
    c. *No*, I think I will *not* try cigarette smoking during the next 12 months

25. How old were you when you had your first whole cigarette?
    a. I have never smoked a whole cigarette
    b. Less than 9 years old
    c. 9 or 10 years old
    d. 11 or 12 years old
    e. 13 or 14 years old
    f. 15 or 16 years old
    g. 17 or more years old

26. Have you ever smoked cigarettes regularly, that is, at least one cigarette every day for 30 days?
    a. Yes
    b. No

27. How old were you when you first started smoking cigarettes regularly? (at least one cigarette every day for 30 days)
    a. I have never smoked cigarettes regularly
    b. Less than 9 years old
    c. 9 or 10 years old
    d. 11 or 12 years old
    e. 13 or 14 years old
    f. 15 or 16 years old
    g. 17 or more years old

28. During the past 30 days, on how many days did you smoke cigarettes?
    a. 0 days
    b. 1 or 2 days
    c. 3 to 5 days
    d. 6 to 9 days
    e. 10 to 19 days
    f. 20 to 29 days
    g. All 30 days

29. During the past 30 days, on the days you smoked, how many cigarettes did you smoke *per day?*
    a. I did not smoke cigarettes during the past 30 days
    b. Less than 1 cigarette per day
    c. 1 cigarette per day
    d. 2 to 5 cigarettes per day
    e. 6 to 10 cigarettes per day
    f. 11 to 20 cigarettes per day
    g. More than 20 cigarettes per day

30. During the *past 6 months,* did you *try to quit* smoking cigarettes?
    - a. I did not smoke cigarettes during the past 6 months
    - b. Yes
    - c. No

31. During the past 30 days, did you use *chewing tobacco,* such as Redman, Levi Garrett or Beechnut, or *snuff,* such as Skoal, Skoal Bandits or Copenhagen?
    - a. No, I did not use chewing tobacco or snuff during the past 30 days
    - b. Yes, chewing tobacco only
    - c. Yes, snuff only
    - d. Yes, both chewing tobacco and snuff

The next four questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers and liquor such as rum, gin, vodka or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

32. How old were you when you had your first drink of alcohol other than a few sips?
    - a. I have never had a drink of alcohol other than a few sips
    - b. Less than 9 years old
    - c. 9 or 10 years old
    - d. 11 or 12 years old
    - e. 13 or 14 years old
    - f. 15 or 16 years old
    - g. 17 or more years old

33. During your life, on how many days have you had at least one drink of alcohol?
    - a. 0 days
    - b. 1 or 2 days
    - c. 3 to 9 days
    - d. 10 to 19 days
    - e. 20 to 39 days
    - f. 40 to 99 days
    - g. 100 or more days

34. During the past 30 days, on how many days did you have at least one drink of alcohol?
    a. 0 days
    b. 1 or 2 days
    c. 3 to 5 days
    d. 6 to 9 days
    e. 10 to 19 days
    f. 20 to 29 days
    g. All 30 days

35. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
    a. 0 days
    b. 1 day
    c. 2 days
    d. 3 to 5 days
    e. 6 to 9 days
    f. 10 to 19 days
    g. 20 or more days

The next three questions ask about the use of marijuana which is also called grass or pot.

36. How old were you when you tried marijuana for the first time?
    a. I have never tried marijuana
    b. Less than 9 years old
    c. 9 or 10 years old
    d. 11 or 12 years old
    e. 13 or 14 years old
    f. 15 or 16 years old
    g. 17 or more years old

37. During your life, how many times have you used marijuana?
    a. 0 times
    b. 1 or 2 times
    c. 3 to 9 times
    d. 10 to 19 times
    e. 20 to 39 times
    f. 40 to 99 times
    g. 100 or more times

38. During the past 30 days, how many times did you use marijuana?
    a. 0 times
    b. 1 or 2 times
    c. 3 to 9 times
    d. 10 to 19 times
    e. 20 to 39 times
    f. 40 or more times

39. How old were you when you tried *any* form of cocaine, including powder, crack or freebase, for the first time?
    a. I have never tried cocaine
    b. Less than 9 years old
    c. 9 or 10 years old
    d. 11 or 12 years old
    e. 13 or 14 years old
    f. 15 or 16 years old
    g. 17 or more years old

40. During your life, how many times have you used *any* form of cocaine including powder, crack or freebase?
    a. 0 times
    b. 1 or 2 times
    c. 3 to 9 times
    d. 10 to 19 times
    e. 20 to 39 times
    f. 40 or more times

41. During the past 30 days, how many times did you use *any* form of cocaine, including powder, crack or freebase?
    a. 0 times
    b. 1 or 2 times
    c. 3 to 9 times
    d. 10 to 19 times
    e. 20 to 39 times
    f. 40 or more times

42. During your life, how many times have you used the *crack* or *freebase* forms of cocaine?
    a. 0 times
    b. 1 or 2 times
    c. 3 to 9 times
    d. 10 to 19 times
    e. 20 to 39 times
    f. 40 or more times

43. During your life, how many times have you used any other type of illegal drug, such as LSD, PCP, ecstasy, mushrooms, speed, ice, heroin or pills without a doctor's prescription?
    a. 0 times
    b. 1 or 2 times
    c. 3 to 9 times
    d. 10 to 19 times
    e. 20 to 39 times
    f. 40 or more times

44. During your life, how many times have you taken steroid pills or shots *without* a doctor's prescription?
    a. 0 times
    b. 1 or 2 times
    c. 3 to 9 times
    d. 10 to 19 times
    e. 20 to 39 times
    f. 40 or more times

45. During your life, have you ever injected (shot up) any illegal drug?
    a. Yes
    b. No

46. Have you ever been taught about AIDS/HIV infection in school?
    a. Yes
    b. No
    c. Not sure

47. Have you ever talked about AIDS/HIV infection with your parents or other adults in your family?
    a. Yes
    b. No
    c. Not sure

48. Have you ever had sexual intercourse?
    a. Yes
    b. No

49. How old were you when you first had sexual intercourse?
    a. I have never had sexual intercourse
    b. Less than 12 years old
    c. 12 years old
    d. 13 years old
    e. 14 years old
    f. 15 years old
    g. 16 years old
    h. 17 or more years old

50. During your life, with how many people have you had sexual intercourse?
    a. I have never had sexual intercourse
    b. 1 person
    c. 2 people
    d. 3 people
    e. 4 people
    f. 5 people
    g. 6 or more people

51. During the *past 3 months*, with how many people did you have sexual intercourse?
    a. I have never had sexual intercourse
    b. I have had sexual intercourse, but not during the past 3 months
    c. 1 person
    d. 2 people
    e. 3 people
    f. 4 people
    g. 5 people
    h. 6 or more people

52. Did you drink alcohol or use drugs before you had sexual intercourse the last time?
    a. I have never had sexual intercourse
    b. Yes
    c. No

53. The *last time* you had sexual intercourse, did you or your partner use a condom?
    a. I have never had sexual intercourse
    b. Yes
    c. No

54. The *last time* you had sexual intercourse, what *one* method did you or your partner use to *prevent pregnancy?*
    a. I have never had sexual intercourse
    b. No method was used to prevent pregnancy
    c. Birth control pills
    d. Condoms
    e. Withdrawal
    f. Some other method
    g. Not sure

55. How many times have you been pregnant or gotten someone pregnant?
    a. 0 times
    b. 1 time
    c. 2 or more times
    d. Not sure

56. Have you ever been told by a doctor or nurse that you had a sexually transmitted disease such as genital herpes, genital warts, chlamydia, syphilis, gonorrhea, AIDS or HIV infection?
    a. Yes
    b. No

57. How do *you* think of yourself?
    a. Very underweight
    b. Slightly underweight
    c. About the right weight
    d. Slightly overweight
    e. Very overweight

58. Which of the following are you trying to do?
    a. Lose weight
    b. Gain weight
    c. Stay the same weight
    d. I am not trying to do anything about my weight

59. During the past 7 days, which one of the following did you do to lose weight or to keep from gaining weight?
    - a. I did not try to lose weight or keep from gaining weight
    - b. I dieted
    - c. I exercised
    - d. I exercised and dieted
    - e. I used some other method, but I did not exercise or diet

60. During the past 7 days, which one of the following did you do to lose weight or to keep from gaining weight?
    - a. I did not try to lose weight or keep from gaining weight
    - b. I made myself vomit
    - c. I took diet pills
    - d. I made myself vomit and took diet pills
    - e. I used some other method, but I did not vomit or take diet pills

The next seven questions ask about food you ate yesterday. Think about all meals and snacks you ate yesterday from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants or anywhere else.

61. Yesterday, did you eat fruit?
    - a. No
    - b. Yes, once only
    - c. Yes, twice or more

62. Yesterday, did you drink fruit juice?
    - a. No
    - b. Yes, once only
    - c. Yes, twice or more

63. Yesterday, did you eat green salad?
    - a. No
    - b. Yes, once only
    - c. Yes, twice or more

64. Yesterday, did you eat *cooked* vegetables?
    a. No
    b. Yes, once only
    c. Yes, twice or more

65. Yesterday, did you eat hamburger, hot dogs or sausage?
    a. No
    b. Yes, once only
    c. Yes, twice or more

66. Yesterday, did you eat french fries or potato chips?
    a. No
    b. Yes, once only
    c. Yes, twice or more

67. Yesterday, did you eat cookies, doughnuts, pie or cake?
    a. No
    b. Yes, once only
    c. Yes, twice or more

68. On how many of the past 7 days did you exercise or participate in sports activities *that made you sweat and breathe hard,* such as basketball, jogging, fast dancing, swimming laps, tennis, fast bicycling or similar aerobic activities?
    a. 0 days
    b. 1 day
    c. 2 days
    d. 3 days
    e. 4 days
    f. 5 days
    g. 6 days
    h. 7 days

69. Yesterday, did you walk or bicycle for at least 30 minutes at a time? Include walking or bicycling to or from school.
    a. Yes
    b. No

70. On how many of the past 7 days did you do *stretching exercises*, such as toe touching, knee bending or leg stretching?
    a. 0 days
    b. 1 day
    c. 2 days
    d. 3 days
    e. 4 days
    f. 5 days
    g. 6 days
    h. 7 days

71. On how many of the past 7 days did you do exercises to *strengthen or tone your muscles*, such as push-ups, sit-ups or weight lifting?
    a. 0 days
    b. 1 day
    c. 2 days
    d. 3 days
    e. 4 days
    f. 5 days
    g. 6 days
    h. 7 days

72. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
    a. 0 days
    b. 1 day
    c. 2 days
    d. 3 days
    e. 4 days
    f. 5 days

73. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?
    a. I do not take PE
    b. Less than 10 minutes
    c. 10 to 20 minutes
    d. 21 to 30 minutes
    e. More than 30 minutes

74. During the past 12 months, on how many sports teams *run by your school,* did you play? (Do not include PE classes.)
    - a. None
    - b. 1 team
    - c. 2 teams
    - d. 3 or more teams

75. During the past 12 months, on how many sports teams *run by organizations outside of your school,* did you play?
    - a. None
    - b. 1 team
    - c. 2 teams
    - d. 3 or more teams

—END—

APPENDIX C

U. S. Department of Education guidelines for instruction about substance use identify themes that should be present at all grade levels. These include developmentally appropriate knowledge and values students need to acquire as well as instructional methods for early childhood (grades K-3), upper elementary school (grades 4-6), middle/junior high school (grades 7-9), and high school (grades 10-12).

Drug Prevention Curricula
A Guide to Selection and Implementation

Office of Educational Research and Improvement
U.S. Department of Education
1988

Early Childhood Education (Grades K-3)

Children beginning their school years are also just beginning their exposure to the world outside home. They lack social awareness; "I" predominates over "we." Thinking tends to be very literal and concrete, with a high premium placed on exploring and sensing through hands-on experiences. Early childhood substance abuse prevention curricula therefore should emphasize structured experiences as a principal teaching strategy.

Knowledge

Much of early health education emphasizes "wellness"—an approach that stresses the positive benefits of being healthy and acting safely. In its physical, psychological, and social contexts, "wellness" is also the key concept in developing young children's determination to avoid drugs.

Many of the popular curricula on the market employ this approach. By the end of third grade, children should:

- know what drugs are, with specific reference to alcohol, tobacco, marijuana, cocaine and inhalants;
- know the differences among foods, poisons, medicines and illicit drugs;
- understand that some medicines may help during illness, when prescribed by a doctor and administered by a parent, nurse or other responsible adult—but that medicines are drugs and can be harmful if misused;
- be aware that people can become dependent on alcohol, tobacco and other drugs, but that there are ways to help them;
- know to avoid unknown and possibly dangerous objects, containers and substances;
- know and practice good nutritional and exercise habits;
- understand that each individual is ultimately responsible for his or her own health and well-being, and that for young children this is a shared parent/child responsibility;
- know which adults, in school and out, are responsible persons to whom one may go to ask questions or seek help; and
- know what the school and home rules are regarding drug use; understand why rules exist and why people should respect them. By grade three, the law should have been introduced as a concept and discussed as part of the subject matter.

The knowledge gained in the K-3 grades should be the foundation for all future substance abuse prevention education. By the end of third grade, the curriculum should be drug-specific and should have already discussed four substances—alcohol, tobacco, marijuana and cocaine—in some detail, as well as introducing students to the dangers of inhalants. A special effort should be made to counter the myths that marijuana and other substances are not particularly harmful. K-3 students may learn who should be considered a responsible adult through homework assignments involving parents, and through classroom presentations by police officers, school nurses, doctors, and clergy. Parents can participate in homework assignments—by identifying family rules for behavior, conducting safety checks, and helping with class assignments. Having parents sign homework exercises is a good way to involve and inform them about what is going on in class.

Information on drugs may be integrated throughout the regular curriculum. Examples of K-3 infusion include:

- science lessons that incorporate materials and projects on foods, medicines, poisons, and other dangerous substances and ways to identify and avoid them;
- learning to read labels, signs and instructions as part of language skills;
- gathering collections of containers, types of safety hazards and kinds of rules and instructions as class projects;

- setting up simple graphs and charts on substance abuse prevention themes as part of mathematics education;
- discussions and homework assignments on rules and laws as part of social studies.

Values

At this age children should begin to develop a sense of responsibility toward themselves and others, including the responsibility to tell adults if something is wrong. By the end of third grade, the curriculum should have contained the following lessons on values:

- learning that each individual is unique and valued;
- learning to share and to understand how one's actions affect others;
- developing a sense of responsibility toward younger children, beginning with siblings;
- knowing to avoid strangers;
- learning to say no to things that one has been taught are wrong, and knowing how to do this;
- knowing one's responsibility to tell appropriate adults about strangers, about unknown things or substances, and about problems;
- learning that rules and laws are meant to help people cooperate, and that without them life would be difficult; and
- realizing that growing up is a great adventure, one best enjoyed through safe, healthy, positive, and drug-free habits and attitudes.

Actions

At the early elementary level, instruction may include both formal curricula and other types of classroom activity: songs, skits and the use of character props, such as puppets, cartoon characters, and clowns. These are particularly useful for relaying messages about safety, personal health, and dangerous substances. Skits enable children to practice resistance skills by acting out scenarios in which they might encounter dangerous substances or unsafe situations. Songs encapsulate important information in an easily-remembered form. Some packaged curricula incorporate standardized songs and skits; teachers often enjoy creating their own.

These supplements do not, however, substitute for a sound, academic substance use prevention curriculum. An entire curriculum based upon props or gimmicks may not be effective, and may trivialize the message. By third grade, the teacher should be delivering prevention lessons directly as part of normal classroom instruction.

Upper Elementary School (Grades 4-6)

In these grades, peer influences continue to grow. Some older elementary children may begin to experiment with alcohol, tobacco and other drugs. They need more information, more complex ways of examining subject matters and stronger motivation to avoid drugs.

Knowledge

The themes of health, safety and responsibility should be continued in this grade range, albeit in more detailed and sophisticated form. By the end of sixth grade, a child ought to know:

- ways to identify specific drugs, such as alcohol, tobacco, marijuana, cocaine, inhalants, hallucinogens and stimulants in their various forms;
- how and why the effects of drugs may vary from person to person, especially immediately after use;
- why specific substances should not be used, and the effects and consequences of use;
- the fact that alcohol, tobacco and other drugs are illegal, either for minors or all persons, and that they are against school rules;
- how drugs affect different parts of the body, and why drugs are especially dangerous for growing bodies and developing minds;
- that some social influences promote drug use, and what they are, including:
    - media advertising and promotions,
    - peer pressure,
    - family influences, and
    - community mores;
- what addiction is, and how it can affect the sufferer and others, such as family members; and
- that there are specific people and institutions available to help people resist negative influences and to assist those in trouble, and how to contact them.

Children should continue learning about health and nutrition, emphasizing how their bodies work (lungs, circulation, digestion) and knowledge of good fitness habits.

Because upper elementary children often have more freedom, may travel alone to and from school and other local destinations, and may be left alone part of the day, curricula should now emphasize personal safety. For example, children can be taught the "buddy" system of always traveling in groups of at least two, why to avoid certain routes, how to get help (such as through the local emergency telephone number), and how to answer the telephone or door.

As the content of their social studies work broadens, students can build on their understanding of rules and laws. They can learn about society's interest in protecting people from dangerous substances and unsafe behavior. They can understand that they have certain rights—including the right to be safe, to learn, and to say "no"—and that along with these rights come duties and responsibilities.

At this grade level, children still tend to think in concrete terms—but gain increasing sophistication. They watch more television than their younger siblings, and may be receptive to lessons that clarify confusing media messages. For example, children might think "if root beer doesn't contain beer and ginger ale doesn't contain ale, then why should wine coolers contain wine?"

Values

Values education in grades 4-6 should continue to promote positive lessons learned both in school and at home. Because of an expanding world of friends and experiences, older elementary children have a particular need to deal with increased temptations and pressures. By the end of sixth grade, children should have received the following lessons:

- that breaking rules and laws about substance abuse can have serious consequences;
- that it is important to get help as soon as possible for anyone, including oneself, friends, or family members, who has a substance-abuse problem;
- how to recognize and respond to both direct and indirect social influences and pressures to use alcohol, tobacco or other drugs; and
- how to get help or talk over questions and problems while in school.

In the upper elementary grades, students begin to develop an understanding of citizenship. Curricula may capitalize on this burgeoning social awareness by embedding the prevention message in field trips, household safety surveys, letters to community leaders, and other activities that underscore students' growing sense of responsibility toward others. Presentations by community persons directly involved in substance abuse prevention and treatment, such as doctors, nurses, police and counselors, can broaden students' appreciation of the seriousness of their community's interest in stopping drug use.

School citizenship is important, too. By participating in projects that illustrate school rules or by making presentations to other classes, students develop a stronger sense of mutual responsibility among the members of their school community.

Teaching Problem-Solving Skills

All substance abuse prevention programs suggest ways of teaching students how to deal with drug-related problems. Some of these approaches are controversial. Two things are important to keep in mind: it is inevitable that children will eventually make their own choices, and it is important that these choices be informed by parental and community standards of right and wrong, by knowledge of the facts, and by respect for the law.

Decision making is never value free, nor should it rely on the student's personal "good instincts." Any exercise involving problem solving, such as peer pressure resistance, needs to be guided by teachers and should have a clear purpose. Teaching a refusal technique may require a session on thoughtful decisions, but should draw distinctions between good and bad decisions, and should portray the consequences of each. It takes much longer to teach behavior skills than to impart factual knowledge, so the effort should be continuous, with educators and parents not expecting rapid results.

The classroom setting may not always be the most effective place to teach "life skills"; extracurricular activities may be a more appropriate setting. Children may learn social responsibility more effectively in adult supervised, real-life social situations, such as drug-free activities and clubs, than in "pretend" exercises.

Prevention curricula need to provide appropriate grounding in resistance and problem-solving skills. However, **if a curriculum has only minimal material on substance abuse, and is mainly a social skills or self-esteem package, then it is not a real prevention curriculum**.

Actions

Children in the upper elementary grades need specific strategies for resisting pressure. Learning how to "say no" involves skills that can be used in other circumstances besides resistance to social pressures to use drugs. Within the classroom, students in the upper elementary grades can benefit from hands-on learning experiences. Examples that curricula use are:

- preparing class projects reflecting real-life events, such as mock television interviews and press conferences (to which visiting speakers can be invited);
- keeping individual or class journals containing information on dangerous substances; conducting safety checks of the home or neighborhood (with parental participation); building and using simple models to illustrate health lessons (such as drug effects on the circulatory and respiratory systems): and
- promoting critical thinking skills by assigning independent research projects.

Intervention and Referral

While prevention education is the basis of a school-wide program, schools may also need to provide access to counseling and referral help. The first step toward effective and timely intervention is for those involved in prevention education to observe student **and** staff behavior for signs of drug-related problems. When problems are identified, the school should provide confidential ways to seek assistance. It is important that school personnel understand the intervention process and know how to identify problems. It is equally important that they be able to refer these cases to trained staff who can evaluate the situation and take appropriate action.

For both students and staff, self-reporting of personal problems should be encouraged and protected. Students should feel free to talk with counselors about their own problems, but information they divulge about third parties—students or staff—should be corroborated by a trained staff member and treated confidentially.

Middle School and Junior High School (Grades 7-9)

The onset of adolescence creates new challenges for substance abuse prevention:

- Changing bodies and developing minds are very vulnerable to damage from dangerous chemicals.
- Adolescents' social opportunities are greatly expanded. The world of the adolescent begins to be more separate from that of parents and other adults. Access to drugs, tobacco and alcohol is, unfortunately, relatively easy at this stage.
- The natural desire for peer acceptance may become an overwhelming cause of anxiety, strengthening the influence of peer pressure to use drugs.
- The desire to appear adult and independent rapidly emerges, leading to impatience with adult authority and skepticism about what is being taught.

At these grade levels, the typical school day is more sharply divided into different subject areas. This offers new opportunities for imaginative infusion of drug prevention material into other subject areas—but requires close cooperation among teachers and administrators in order to coordinate the various lessons.

Knowledge

Learning objectives in grades 7-9 should be geared to what students need to know in order to deal with the real threats they will encounter. Some local school environments will feature more intense pressure to use tobacco, alcohol or other drugs than others. In general, though, students at this level should receive the following information as part of their classroom education:

- more advanced knowledge of the characteristics and chemical nature of specific drugs and drug interactions;
- an understanding of the physiology of drug effects on the circulatory, respiratory, nervous and reproductive systems;
- an awareness of the short-term effects of drugs on appearance and functioning, with some coverage of long-term effects;
- awareness of the stages of chemical dependency, and their unpredictability from person to person;
- an understanding of how using drugs affects activities requiring motor coordination, such as driving vehicles or playing sports;
- continued familiarization with addiction, including the possible impact of heredity and other factors affecting one's susceptibility to it;
- an understanding of the drug problem, including its cost to society, the ways in which drugs are pushed, and the tactics society has adopted to fight the problem;
- knowledge of the relationship between drug use and Acquired Immune Deficiency Syndrome (AIDS);
- knowledge of local, state and federal laws and policies regarding drug use, and of school policies;
- an understanding of media pressures and advertising, particularly as directed toward adolescents; and
- an appreciation of the scope of the local substance abuse problem and locally available resources for assistance.

Students at this age level need to know the hard facts about drugs, especially in terms of what they can do to their bodies and minds. They can learn these tough lessons in a variety of classes:

- novels and plays about addiction in English and other language classes;
- information on the scope of the substance abuse problem in social studies lessons on geography, civics and history;
- discussion of substance abuse effects during biology and general science classes; and
- attention to good nutrition and health lifestyles in physical education and athletics.

Adolescents often possess a sense of personal invulnerability ("It can't happen to me"), together with a great insecurity about their personal attractiveness and social acceptability. For these reasons, emphasizing how alcohol, tobacco and other drug use can immediately affect their appearance, coordination, thinking and behavior can be an effective teaching strategy. Nothing gets the attention of junior high school students like knowing that they may look ridiculous, smell bad, may not be capable of playing sports, may become unattractive, or may not develop physically and sexually. Suggestions that drugs can impair one's chances of getting into college or succeeding in a career begin to have a powerful impact at this age. And—particularly in view of the many other strains on today's families—young teenagers are likely to pay close attention to discussions of how drugs can impair family relationships.

Athletes and Steroids

Students involved in school athletics need to be informed about the dangers of mixing drugs and sports, including the drugs used by some athletes to improve body strength and performance.

Anabolic steroids became popular among professional and world-class amateur athletes in the 1960s as a means of boosting weight-training results. The immediate effects of steroid use may be impressive: increased muscle mass, enhanced power, and a healthy feeling of confident aggressiveness and invulnerability. The health consequences of these drugs can, however, be serious and sometimes fatal. Athletes on steroids can experience a psychotic condition called "bodybuilder's psychosis," which involves hallucinations, power delusions, paranoid episodes, erratic motor behavior, and uncontrollable violence. In addition, victims may suffer chronic illnesses associated with the changes in their bodies brought on by steroids: heart disease, liver ailments, urinary tract problems, sexual dysfunctions, baldness, acne, and alterations in appearance. Some steroid users become impotent and/or sterile. Life expectancy may be significantly shortened. Cessation of steroid use can lead to depression and a pronounced sense of weakness.

The use of anabolic steroids is generally forbidden in amateur and professional athletics, and heavy penalties may be imposed on those caught, and on their coaches and trainers. School-sponsored sports programs should be conscientious in preventing the use of steroids or other illicit chemical agents among student athletes. Coaches and trainers who suggest or tolerate their use should be disciplined.

Values

Most adolescents understand that they are gradually gaining greater freedom; they should also understand that this means greater accountability for their own actions. Accordingly, at this grade level, curricula should emphasize personal responsibility, awareness of the law, and penalties for lawbreaking. As students begin dating, contemplate college, and anticipate a driver's license and other emblems of adulthood, the time is right for introducing a positive theme of preparation for adult responsibilities.

Other important value components for students completing ninth grade include:

- a heightened awareness of their obligation to maintain a drug-free environment—not just in school, but everywhere;
- the idea that their community cares about them and is counting on them—and does not tolerate drug use;
- recognition that participation in activities sponsored by the school—such as athletics and social events—is predicated upon no use of illegal substances;
- a developing sense of self-worth and appreciation of the positive aspects of growing up; and
- a sense of citizenship regarding the law and safety that incorporates an awareness of laws and public standards regarding illicit substances.

Actions

Since junior high school students will probably be exposed to people who use drugs and who pressure them to do so, they need to be familiar with available support resources. The curriculum should make students aware of what these services are and how they function. Students should learn that they are not responsible adults, and know of services to which it is proper to turn for help when needed.

Junior high students will begin to become involved in school-sponsored social events and activities on a larger scale than before. The organization and supervision of these activities, and others such as bands, athletics, clubs, and student organizations should be focused on making and keeping them drug-free. Students at this age can also benefit from field trips, guest presentations, and research assignments; the content of such activities can be much more detailed than previously. For example, students in these grades might visit a hospital, might hear presentations from representatives of groups working with addicts, and might cooperate on developing classwide research projects involving different media.

High School (Grades 10-12)

Substance abuse prevention education in high school should be the culmination of comprehensive school-based prevention efforts. Students at this level are beginning the transition to adulthood—and it is a confusing time. Even though they are obtaining licenses to drive and preparing for work and postsecondary education, most highschoolers are still minors under the law. Alcohol and other drugs are illegal for them and in most places, tobacco use is illegal and remains against school policy. Substance abuse education faces the challenge of motivating these students to continue resisting illicit substances, and helping them behave responsibly as they prepare to assume new roles in society.

The focus of the high school curriculum should continue the change begun in junior high school from students as children to students as adult citizens and consumers. Prevention education at this level can address not only the facts and consequences that each person must face, but also the costs which each citizen must help to bear.

Students may already know, for example, that the cost of obtaining car insurance is increased by accidents caused by drunk drivers. The same premise can be extended society-wide—that we pay the cost of drug problems through higher taxes, shoddy goods and services, and a presumption that youth are not responsible.

Students in high school are engaged in the process of establishing themselves in the world. Thus, it is essential that the lessons of substance abuse prevention education carry over into students' lives outside class. Among the aspects of increasing responsibility that should be stressed are the importance of serving as positive role models for younger children; realizing one's responsibilities in the workplace; and understanding how substance abuse can affect one's chances for personal growth and professional success.

Knowledge

By graduation, high school students should have mastered a complete scientific and civic introduction to the drug problem. By the end of twelfth grade, students should:

- understand both the long- and short-term physical effects of specific drugs, including addiction and possible death;
- understand the relationship of drug use to related diseases and disabilities, including AIDS, learning disorders and handicapping conditions, birth defects, and heart, lung and liver disease;
- understand that combining drugs, whether illicit or prescription, can be fatal;
- understand how alcohol, tobacco, and other drugs affect the fetus during pregnancy and the infant during lactation;
- know the full effects and consequences of operating equipment and performing other physical tasks, such as sports, while using drugs;
- be fully informed about the legal, social, and economic consequences of drug use, both for themselves and for others;
- be familiar with treatment and intervention resources; and
- be prepared, where appropriate and supervised, to serve as peer leaders for younger children.

Prevention lessons can be integrated into virtually every other subject at these grade levels—a practice which will help convey their academic importance. For example:

- coaches can discuss steroids, as can health educators;
- science classes can explore motor coordination effects, chemical characteristics, medical and psychological effects of specific drugs;
- math classes can teach how researchers develop predictions about drug use in society, and can use statistics to teach a realistic appreciation for the risk of long-term damage due to drug use;
- civics, social studies, and history classes can deal with the law, the philosophy behind it, and the need for personal and social accountability, as well as the economic and social costs of drug use;
- visual arts and English classes can discuss media pressures and advertising techniques; and
- vocational education classes can learn about job safety and responsibility, as well as how employees view substance abuse.

Values and Actions

Some curricula use older students—often high school age—as peer leaders; older children who make presentations to classes in lower grades and serve as "buddies" to younger children while in school. Peer leadership can be very effective in motivating older students, particularly those considered at-risk. However, the activity needs to be closely supervised and monitored by teachers. Student leaders:

- should be both drug free and well-trained;
- should refrain from amateur psychology; and
- should refer any problems to teachers or other school officials.

Properly supervised, peer leaders can help maintain communication and reduce the likelihood of tragedy during a very critical period in students' lives.

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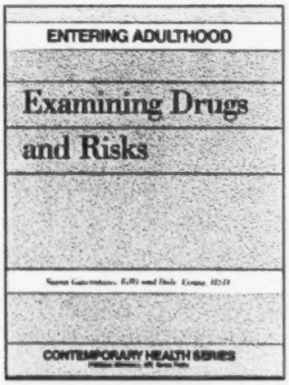
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